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SALUS POPULI SUPREMA LEX ESTO

“The welfare of the people shall be the supreme law.”



JOHN R. ASHCROFT

SECRETARY OF STATE

**MISSOURI
REGISTER**

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MISSOURI REGISTER



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Register Filing Deadlines	Register Publication Date	Code Publication Date	Code Effective Date
December 3, 2018	January 2, 2019	January 29, 2019	February 28, 2019
December 17, 2018	January 15, 2019	January 29, 2019	February 28, 2019
January 2, 2019	February 1, 2019	February 28, 2019	March 30, 2019
January 15, 2019	February 15, 2019	February 28, 2019	March 30, 2019
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May 15, 2019	June 17, 2019	June 30, 2019	July 30, 2019
June 3, 2019	July 1, 2019	July 31, 2019	August 30, 2019
June 17, 2019	July 15, 2019	July 31, 2019	August 30, 2019

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at www.sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

RULES

The rules are codified in the *Code of State Regulations* in this system—

Title		Division	Chapter	Rule
3 Department	CSR <i>Code of State Regulations</i>	10- Agency Division	4 General area regulated	.115 Specific area regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation, for example, 3 CSR 10-4.115 NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

Code and Register on the Internet

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is www.sos.mo.gov/adrules/csr/csr

The *Register* address is www.sos.mo.gov/adrules/moreg/moreg

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2016. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

viduals that meet the requirements detailed in section 324.015, RSMo. Section 324.015.6, RSMo, requires that the Board of Nursing Home Administrators promulgate a rule to implement the provisions of section 324.015, RSMo. Senate Bill 843 became effective August 28, 2018, and it is in the best interest of the state to make the waiver available to qualifying applicants as soon as possible.

As a result, the Board of Nursing Home Administrators finds that there is a compelling governmental interest that requires this emergency action. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri and United States Constitutions*. The Board of Nursing Home Administrators believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed February 21, 2019, becomes effective March 3, 2019, and expires August 29, 2019.

(1) For purposes of this regulation, all terms shall have the same definition as contained in section 324.015.1, RSMo.

(2) Individuals seeking a waiver must apply with the Board of Nursing Home Administrators in writing and include documentation that establishes eligibility for the waiver pursuant to section 324.015, RSMo.

AUTHORITY: section 324.015, RSMo Supp. 2018. Emergency rule filed Feb. 21, 2019, effective March 3, 2019, expires Aug. 29, 2019. A proposed rule covering this same material is published in this issue of the *Missouri Register*.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2015—Acupuncturist Advisory Committee Chapter 1—General Rules

EMERGENCY AMENDMENT

20 CSR 2015-1.030 Fees. The advisory committee is proposing to amend subsection (3)(B).

PURPOSE: This amendment reduces the biennial renewal fee.

EMERGENCY STATEMENT: The advisory committee is statutorily obligated to enforce and administer the provisions of section 324.475 to 324.499, RSMo. Fees are established at a level sufficient, but not excessive, to cover the costs for administering the provisions of sections 324.475 to 324.499, RSMo. This emergency amendment is necessary to preserve a compelling governmental interest requiring an early effective date of the rule by informing the public of a change in the fee required to renew a license. The advisory committee is proposing to decrease the acupuncturist biennial renewal fee from one hundred twenty-five dollars (\$125) to one hundred dollars (\$100). Acupuncturist renewal notices will be mailed on April 1, 2019. Without this emergency amendment, the decreased fee requirements will not be effective prior to mailing and the committee will collect more revenue than it is statutorily authorized to collect. The emergency amendment is necessary to allow the division to collect the decreased renewal fee.

The scope of the emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri and United States Constitutions*. In developing this emergency amendment, the division has determined that the fee decrease is necessary to prevent funds from exceeding the maximum fund balance as set forth in section 324.481, RSMo. Pursuant to section 324.001.1(10), "A compelling governmental interest shall be

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 73—Missouri Board of Nursing Home Administrators Chapter 2—General Rules

EMERGENCY RULE

19 CSR 73-2.011 Fee Waiver for Military Families and Low-Income Individuals

PURPOSE: This rule complies with section 324.015.6, RSMo, which requires the Board of Nursing Home Administrators to promulgate rules to implement the provisions of section 324.015, RSMo, the waiver of occupational fees for military families and low-income individuals for a period of two (2) years.

EMERGENCY STATEMENT: The emergency rule is necessary because on August 28, 2018 when Senate Bill 843 became effective, licensing boards, commissions, committees, councils, and offices have to, upon request, provide the waiver of all occupational fees to military families and qualifying low-income individuals.

Senate Bill 843, section 324.015, RSMo, provides that, upon request, individuals can seek a waiver of all occupational fees for a two- (2-) year period from licensing authorities in the state of Missouri. The provision requires licensing authorities to waive all occupational fees for a two- (2-) year period beginning upon approval of an application for military families and low-income indi-

deemed to exist for the purposes of section 536.025, RSMo, for licensure fees to be reduced by emergency rule, if the projected fund balance of any agency assigned to the division of professional registration is reasonably expected to exceed an amount that would require transfer from that fund to general revenue." The division believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 28, 2019, becomes effective April 1, 2019, and expires September 30, 2019.

(3) The fees are established as follows:

(B) Acupuncturist Biennial Renewal Fee **[\$125.00] \$100.00**

AUTHORITY: sections 324.481, [324.487,] 324.490, and 324.493, RSMo [2000] 2016, and section 324.487, RSMo Supp. 2018. This rule originally filed as 4 CSR 15-1.030. Original rule filed July 24, 2001, effective Feb. 28, 2002. Amended: Filed March 15, 2004, effective Sept. 30, 2004. Amended: Filed Feb. 15, 2005, effective Aug. 30, 2005. Moved to 20 CSR 2015-1.030, effective Aug. 28, 2006. Emergency amendment filed Feb. 28, 2019, effective April 1, 2019, expires Sept. 30, 2019. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2150—State Board of Registration for the
Healing Arts**

Chapter 2—Licensing of Physicians and Surgeons

EMERGENCY AMENDMENT

20 CSR 2150-2.080 Physician Licensure Fees. The board is amending section (1).

PURPOSE: This rule is being amended to decrease the licensing fees for assistant physicians as passed in Senate Bill 718 (2018) passed by the 99th General Assembly.

EMERGENCY STATEMENT: As required by section 334.090, the Missouri State Board of Registration for the Healing Arts (board) must set the amount of fees authorized by Chapter 334, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of the Chapter.

Pursuant to section 334.036, RSMo, the board is authorized to set the amount of fees related to assistant physician licensure. Section 334.036, as amended by Senate Bill 718 (2018), became effective July 5, 2018. Subsection 334.036.3, RSMo was amended in Senate Bill 718 to prohibit any licensure fee for an assistant physician from exceeding the amount of any licensure fee for a physician assistant. The current licensure fee for an assistant physician is higher than that for a physician assistant. Therefore, the board is amending this rule. Senate Bill 718 further stipulates that any rules or regulations regarding assistant physicians in effect on the effective date of this bill that conflicts with the provisions of the newly amended sections 334.036 and 334.037, RSMo shall be null and void. With the licensure fee set at a rate that is in direct conflict with the amended statutes, the board is proposing to file an emergency rule to allow the board to continue to collect licensure fees from assistant physicians, so the board could process their applications and issue licenses to qualified candidates. Pursuant to section 536.025, RSMo, this emergency amendment is necessary to preserve a compelling governmental interest—compliance with section 334.037, RSMo—which requires an early effective date.

Without the amendment to decrease the assistant licensure fees, the board would be in violation of Senate Bill 718 and would not be able to collect licensure fees and fulfill a core function of the board

mandated by section 334.090, RSMo.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the *Missouri and United States Constitutions*. By establishing the proper fee schedule and implementing Senate Bill 718, the board will continue to collect assistant physician licensure fees as authorized by section 334.036, RSMo, and remain compliant with the provisions of section 334.090, RSMo.

This clears the path for individuals wishing to obtain and maintain licensure as assistant physicians in the state of Missouri. Missourians will continue to have access to assistant physicians' services by allowing the board to continue to process initial licensure and renewal applications. Missouri citizens will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to individuals seeking assistant physician licensure, renewal, and a certificate of prescriptive authority. The normal rulemaking process would require these applicants to wait six (6) months for the rule change to go through the process, while other assistant physician rules become null and void, place the licensure process in limbo, and stall assistant physicians from providing healthcare services to Missouri patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(1) The following fees are established by the State Board of Registration for the Healing Arts:

(A) Physician		
1. Assistant Physician		
A. Licensure Fee	[\$300]	\$25
B. Renewal Fee	[\$135]	\$25
C. Prescriptive Authority Fee	[\$ 50]	\$25
2. Contiguous State License		
A. Licensure Fee		\$ 25
B. Renewal Fee		\$ 25
3. Limited License		
A. Licensure Fee		\$ 25
B. Renewal Fee		\$ 25
4. Permanent Physician		
A. Licensure Fee		\$ 75
B. Reinstatement Fee		\$ 75
C. Renewal Fee		\$100
5. Temporary Physician		
A. Conditional Temporary License Fee		\$ 25
B. Temporary License Fee		\$ 25
C. Temporary License Renewal Fee		\$ 25
6. Visiting Professor		
A. Licensure Fee		\$ 25
B. Renewal Fee		\$ 25

AUTHORITY: sections 334.090.2 and 334.125, RSMo 2016. This rule originally filed as 4 CSR 150-2.080. Emergency rule filed July 1, 1981, effective July 11, 1981, expired Nov. 8, 1981. Original rule filed July 14, 1981, effective Oct. 11, 1981. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Feb. 22, 2019, effective March 4, 2010, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

Division 2150—State Board of Registration for the

Healing Arts

Chapter 2—Licensing of Physicians and Surgeons

EMERGENCY AMENDMENT

20 CSR 2150-2.230 Assistant Physician—Continuing Education.
The board is amending sections (1) and (2).

PURPOSE: *This rule is being amended to reduce the number of continuing education hours required for physician assistants as passed in Senate Bill 718 (2018) passed by the 99th General Assembly.*

EMERGENCY STATEMENT: *Pursuant to section 334.036, RSMo, the board is authorized to establish renewal procedures and other matters as are necessary to protect the public and discipline the profession. The board believes rules related to continuing education are a vital component of assessing an assistant physician's competency in renewing an assistant physician license. Continuing education allows assistant physicians to participate in educational activities which serve to maintain, develop, or increase their knowledge, skills, and abilities.*

Provisions of Senate Bill 718 (2018) become effective on August 28, 2018. Subsection 334.036.3 of Senate Bill 718 stipulates that no rule or regulation shall require an assistant physician to complete more hours of continuing medical education than that of a licensed physician and that any rules or regulations regarding assistant physicians in effect on the effective date of this bill that conflicts with the provisions of the newly amended sections 334.036 and 334.037, RSMo shall be null and void. With the renewal season starting from late November and the current rule contradicting the amended statutes, the board is proposing to file an emergency amendment to require assistant physicians to obtain continuing medical education hours equal to that of a licensed physician. Pursuant to section 536.025, RSMo, this emergency amendment is necessary to preserve a compelling governmental interest—compliance with sections 334.0367, RSMo—which requires an early effective date.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. By establishing the proper continuing education requirement and implementing Senate Bill 718, the board will continue to process renewal applications and remain compliant with the provisions of sections 334.036.3(1) and 334.036.3(3), RSMo.

This clears the path for individuals wishing to maintain licensure as assistant physicians in the state of Missouri. Missourians will continue to have access to assistant physician services by allowing the board to continue to process renewal applications of a licensee who currently holds an assistant physician license. Missouri citizens will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to individuals seeking assistant physician licensure renewal. The normal rulemaking process would require these applicants to wait six (6) months for the rule change to go through the process, causing the licensee to miss the renewal season (December 1, 2018 through January 31, 2019) and their licenses to lapse. While the current assistant physician rules become null and void, the board will have no continuing education rule to enforce. In the meantime, assistant physicians without a properly renewed license will not be able to provide healthcare services to Missouri patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(1) Each assistant physician shall complete and attest that he or she has completed at least *one hundred (100)* **50** hours of continuing medical education every two (2) years. The reporting period shall end December 31 of the odd numbered year.

(2) In order to count toward the required *one hundred (100)* **50** hours, the continuing education shall be accredited by the American Medical Association (AMA) as Category 1; or by the American Academy of Family Physicians (AAFP) or the American

Osteopathic Association (AOA) as Category 1-A or 2-A; or offered by a residency program or hospital-approved by Accreditation Council on Graduate Medical Education (ACGME) of the American Medical Association or the Program and Trainee Review Council of the American Osteopathic Association.

AUTHORITY: *section[s] 334.036, RSMo Supp. 2018, and section 334.125, RSMo [Supp. 2014] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2150—State Board of Registration for the
Healing Arts**
Chapter 2—Licensing of Physicians and Surgeons

EMERGENCY AMENDMENT

20 CSR 2150-2.240 Assistant Physician Collaborative Practice Agreements. The board is amending the purpose statement and sections (1)–(3).

PURPOSE: *This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.*

PURPOSE: *In accordance with section 334.036, RSMo, this rule defines collaborative practice arrangement terms and implements section 630.875, RSMo related to “Improved Access to Treatment for Opioid Addictions Act” (IATOA).*

EMERGENCY STATEMENT: *Section 334.036.4, RSMo provides that “No assistant physician shall practice or attempt to practice without an assistant physician collaborative agreement ...[.]” Pursuant to sections 334.036.3 and 334.037, RSMo, the board promulgated this rule setting forth the requirements for the collaborative agreement between an assistant physician and his/her supervising physician.*

Prior to the effective date of Senate Bill 718 (2018), Section 334.036, RSMo mandated that in order for assistant physicians to be eligible to practice they must be licensed by the board and enter into an collaborative practice arrangement within six (6) months of initial licensure and not have more than a six- (6-) month time period between collaborative practice arrangements during his or her licensure period; and section 334.037, RSMo authorized the board to establish rules for the review of services provided by the assistant physician and allowed the collaborating physician to be in a collaborative practice agreement with three (3) full-time equivalent assistant physicians.

Senate Bill 718 repeals the requirement that the assistant physician has to enter into a collaborative practice agreement within six (6) months of initial licensure and must not have six (6) months between collaborative practice arrangements during the licensure period; restricts the collaborating physician’s review of services to no more than ten (10%) of the assistant physician’s charts or records during

a one- (1-) month period; and changes the number of full-time mid-level providers a physician can enter into a collaborative practice agreement or supervision agreement with from but allows the collaborating or supervising physician to determine the type of midlevel practitioner, which includes advanced practice registered nurses, physician assistants, or assistant physicians in any combination that best serves the physician's practice setting. Section 334.036.3, RSMo, as amended by Senate Bill 718 also stipulates that any rules or regulations regarding assistant physicians in effect on the effective date of this bill that conflicts with the provisions of the newly amended sections 334.036 and 334.037, RSMo shall be null and void. Without the rule delineating requirements for collaborative practice arrangement, an assistant physician will not be able to enter into collaborative practice with a physician, and as a result, be prevented from practicing medicine or offering medical services. Therefore, the board is proposing to file an emergency amendment to repeal conflicting rule language.

Senate Bill 718 also implements the Improved Access to Treatment for Opioid Addictions Act (IATOA Act) which authorized assistant physicians to prescribe buprenorphine for up to thirty (30) days without refill for patients receiving medication assisted treatment for substance abuse disorders under the direction of a collaborating physician. Additionally, Senate Bill 718 exempts assistant physicians from the onsite practice requirements mandated by section 334.037(2), RSMo if they are providing opioid treatment.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. By removing conflicting language from the rule the board will remain compliant with the provisions of Senate Bill 718 and with the inclusion of the IATOA Act assistant physicians will be able to assist in the treatment of substance abuse.

This removes hurdles for individuals wishing to practice as assistant physicians in the state of Missouri and improves access to care for individuals with substance abuse. Missourians will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to individuals practicing as assistant physicians and removes conflicting language from the text of this rule. The normal rulemaking process would require these changes to wait six (6) months for the rule change to go through the process, deem other assistant physician rules to become null and void, and potentially cause confusion for collaborating physicians and assistant physicians, their employers, and patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(1) Geographic areas.

(B) The following shall apply in the use of a collaborative practice arrangement by an assistant physician who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

1. If the collaborating physician and assistant physician are utilizing telehealth in providing services in a medically underserved area no mileage limitation shall apply; or

2. If the assistant physician is not utilizing telehealth in providing services the collaborating physician, or other physician designated in the collaborative practice arrangement, shall be no further than [fifty (50)] seventy five (75) miles by road, using the most direct route available, from the collaborating assistant physician[.]; or

3. Pursuant to 630.875 RSMo, an assistant physician collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the "Improved Access to Treatment for Opioid Addictions Program" (IATOAP) in any area of the state and provide all services and functions of an assistant physician. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the

purposes of IATOAP.

(C) An assistant physician who desires to enter into a collaborative practice arrangement at a location where the collaborating physician is not continuously present shall practice together at the same location with the collaborating physician continuously present for a period of at least one (1) month before the collaborating assistant physician practices at a location where the collaborating physician is not present. During this one (1) month period, the collaborating physician must review *one hundred percent (100%)* ten percent (10%) of the assistant physicians' patient's records. It is the responsibility of the collaborating physician to determine and document the completion of the same location practice and records review as described above.

(E) A collaborating physician shall not enter into a collaborative practice arrangement with more than *three (3)* six (6) full-time equivalent assistant physicians, **full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof.** This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services **or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in 334.104(7) RSMo.**

(2) Methods of treatment.

(E) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the United States Pharmacopeia (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrievable dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating assistant physician;

8. In addition to administering and dispensing controlled substances, an assistant physician, who meets the requirements of 20 CSR 2150-2.260, may be delegated the authority to prescribe controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. **When issuing the initial prescription for opioid controlled substance in treating a patient for acute pain, the assistant physician shall comply with requirements set forth in section 195.080, RSMo.** Schedule II (hydrocodone) and Schedule III narcotic controlled substance prescriptions shall be limited to a *one hundred twenty (120-) hour* five- (5-) day supply without refill[.]. Pursuant to section 334.037, RSMo an assistant physician may prescribe Schedule III - buprenorphine for up to a thirty- (30-) day supply

without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.037 and 630.875 RSMo;

9. An assistant physician may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step family members are also included in family;

10. An assistant physician in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

11. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the assistant physician to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

12. The medications to be administered, dispensed, or prescribed by a collaborating assistant physician in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating assistant physician.

(3) Review of Services.

(E) The collaborating physician shall complete a review [*of a minimum*] of ten percent (10%) of the total health care services delivered by the assistant physician. If the assistant physician practice includes the prescribing of controlled substances, the physician shall review a minimum of twenty percent (20%) of the cases in which the assistant physician wrote a prescription for a controlled substance. If the controlled substance chart review meets the minimum total ten percent (10%) as described above, then the minimum review requirements have been met. The assistant physician's documentation shall be submitted for review to the collaborating physician at least every fourteen (14) days. This documentation submission may be accomplished in person or by other electronic means and reviewed by the collaborating physician. The collaborating physician must produce evidence of the chart review upon request of the Missouri State Board of Registration for the Healing Arts. This subsection shall not apply during the time the collaborating physician and assistant physician are practicing together as required in subsection (2)(C) above or 20 CSR 2150-2.240.

AUTHORITY sections 334.036, 334.037, and 630.875, RSMo Supp. 2018, and section 334.125, RSMo [Supp. 2014, and section 334.037, RSMo Supp. 2015] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the Missouri Register.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2150—State Board of Registration for the
Healing Arts**

Chapter 2—Licensing of Physicians and Surgeons

EMERGENCY AMENDMENT

20 CSR 2150-2.250 Assistant Physician [Supervision]—

Collaborative Practice Change Requirements. The board is amending the title, rule purpose, and section (1), and deleting sections (2) and (3).

PURPOSE: *This rule is being amended to implement Senate Bill 718 (2018) passed by the 99th General Assembly.*

PURPOSE: *This rule provides the requirements and time frames licensees must follow in reporting a change in [supervision] collaborative practice arrangement.*

EMERGENCY STATEMENT: *Prior to the effective date of Senate Bill 718 (2018) which became effective on August 28, 2018, section 334.036, RSMo, mandated that in order for assistant physicians to be eligible to practice they must be licensed by the board and enter into a collaborative practice arrangement within six (6) months of initial licensure and not have more than a six- (6-) month time period between collaborative practice arrangements during his or her licensure period. Senate Bill 718 repeals this requirement while maintaining that an assistant physician must practice under a collaborative practice agreement. Section 334.036 of SB 718 stipulates that any rules or regulations regarding assistant physicians in effect on the effective date of this bill that conflicts with the provisions of the newly amended sections 334.036 and 334.037, RSMo, shall be null and void. Therefore, the board is proposing to file an emergency amendment to repeal language that voids the assistant physician license within six (6) months of its issuance.*

Pursuant to section 536.025, RSMo, this emergency amendment is necessary to preserve a compelling governmental interest—compliance with sections 334.036 and 334.037, RSMo – which requires an early effective date. Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions.

Individuals wishing to practice as assistant physicians in the state of Missouri will be issued a license to expire annually and will no longer bear the burden of renewing the license on a six (6) month basis. Missouri citizens will continue to benefit from continuity of care, improved access, and have more choices for healthcare services delivered in diversified methods by assistant physicians practicing under a collaborative practice agreement. This emergency amendment is limited to assistant physicians practicing in the state of Missouri. The normal rulemaking process would require these applicants to wait six (6) months for the rule change to go through the process, deem other assistant physician rules to become null and void, and prevent assistant physicians from providing healthcare services to Missouri patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(1) Licensed assistant physicians who enter a collaborative practice arrangement with a physician or who terminate a collaborative practice arrangement with a physician, for any reason, must submit written notification and the required form to the board within [*fifteen (15)*] **thirty (30)** days of such occurrence.

[2] If an assistant physician does not have a collaborative physician within six (6) months of his or her initial licensure, the license shall be void.

[3] If an assistant physician does not have a collaborative physician for any six (6) month period, the license shall be void.]

AUTHORITY: section[s] 334.036, RSMo Supp. 2018, and section 334.125, RSMo [Supp. 2014] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22,

2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the Missouri Register.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2150—State Board of Registration for the
Healing Arts**
Chapter 2—Licensing of Physicians and Surgeons

EMERGENCY AMENDMENT

20 CSR 2150-2.260 Assistant Physician—Certificate of Prescriptive Authority. The board is amending the title and section (1).

PURPOSE: This rule is being amended to implement Senate Bill 718 (2018) passed by the 99th General Assembly with respect to the assistant physician's involvement in the "Improved Access to Treatment for Opioid Addictions Act" (IAOTA) and with regard to on-site supervision requirements.

EMERGENCY STATEMENT: Senate Bill 718 (2018) established the Improved Access to Treatment for Opioid Addictions Act (IAOTA). The IAOTA Act was passed to address the opioid crisis in Missouri by including assistant physicians as providers in medication-assisted treatment programs and permitting assistant physicians to prescribe buprenorphine. This bill expands the scope of prescriptive authority for assistant physicians by authorizing these licensees to prescribe buprenorphine for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. The bill also exempts assistant physicians from practicing on-site with the collaborating physicians for at least one hundred twenty (120) hours if the assistant physician is providing opioid addiction treatment while the exemption only applied to assistant physicians providing population-based public health services as defined in 20 CSR 2150-5.100.

Furthermore, section 334.036, RSMo of Senate Bill 718 stipulates that any rules or regulations regarding assistant physicians in effect on the effective date of this bill that conflicts with the provisions of the newly amended sections 334.036 and 334.037, RSMo, shall be null and void. With the current rule promulgated pursuant to old statutes, the board is proposing to file an emergency amendment to align the rule with the emergency clause enacted by SB718. Pursuant to section 536.025, RSMo, this emergency amendment is necessary to preserve a compelling governmental interest—compliance with sections 334.037, RSMo—which requires an early effective date.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. This emergency amendment will align the board rule with the IAOTA Act which expands the assistant physician's scope of prescriptive authority to increase patients' immediate access to buprenorphine for opioid-dependency treatment.

This amendment aligns the state of Missouri with federal efforts to increase access to treatment for opioid addiction. Missouri citizens will benefit from improved access and have more choices for health-care services delivered in diversified methods. This emergency amendment is limited to licensed assistant physicians in the treatment of opioid addiction. The normal rulemaking process would require assistant physicians to wait six (6) months for the rule change to go through the process and deem other assistant physician rules to become null and void. If granted, this emergency amendment will allow the board to continue processing assistant physicians' applications for certificate of prescriptive authority, so that the assistant physician may further register with the Bureau of Narcotics and Dangerous Drugs of the Missouri Department of Health and Senior

Services and the Drug Enforcement Administration to prescribe medications and provide healthcare services to Missouri patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(1) Licensees applying for a certificate of prescriptive authority shall submit—

(C) A supervision verification form, signed by their collaborating physician, stating that the collaborating physician has delegated to the assistant physician the authority to prescribe: Schedule II (hydrocodone)—limited to a five- (5-) day supply; Schedule III—limited to a five- (5-) day supply, except that buprenorphine may be prescribed for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician; Schedule IV; or Schedule V [*controlled substances to the assistant physician*]. The delegated authority to prescribe shall be consistent with each professional's education, knowledge, skill, and competence. Any limitations on the physician's or assistant physician's ability to prescribe shall be listed on the supervision verification form; and

(D) An affidavit completed by their collaborating physician documenting the completion of at least one hundred twenty (120) hours in a four- (4-) month period by the assistant physician during which the assistant physician practiced with the supervising physician continuously present. Pursuant to section 334.037, RSMo such on-site supervision requirement shall not apply to assistant physicians of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid addiction treatment.

AUTHORITY: sections 334.036 and 334.037, RSMo Supp. 2018, and section 334.125, RSMo [Supp. 2014, and section 334.037, RSMo Supp. 2015] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the Missouri Register.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2150—State Board of Registration for the
Healing Arts**
Chapter 5—General Rules

EMERGENCY AMENDMENT

20 CSR 2150-5.100 Collaborative Practice Arrangement with Nurses. The board is amending the title, purpose, and sections (2) and (3).

PURPOSE: This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.

PURPOSE: In accordance with section 334.104, RSMo, this rule defines collaborative practice arrangement terms and delimits geographic areas; methods of treatment; review of services; and drug/device dispensing or distribution pursuant to prescription and implements the Utilization of Telehealth by Nurses as required by section 335.175, RSMo and APRN involvement in the "Improved Access to Treatment for Opioid Addictions Act" (IATOA) pursuant to sections 334.104 and 630.875, RSMo.

EMERGENCY STATEMENT: Senate Bill 718 (2018) changes the number of full-time mid-level providers a physician can enter into a collaborative practice agreement or supervision agreement and allows the collaborating or supervising physician to determine the type of midlevel practitioner, which includes advanced practice registered nurses (APRNs), physician assistants (PAs) or assistant physicians in any combination that best serves the physician's practice setting. Therefore, the board is proposing to file an emergency amendment to remove conflicting rule language.

Senate Bill 718 also implements the Improved Access to Treatment for Opioid Addictions Act (IATOA Act) which authorizes APRNS to prescribe buprenorphine for up to thirty (30) days without refill for patients receiving medication assisted treatment for substance abuse disorders under the direction of a collaborating physician.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. By removing conflicting language from the rule the board will remain compliant with the provisions of Senate Bill 718, and with the inclusion of the IATOA Act, APRNs will be able to assist in the treatment of substance abuse.

This improves access to care for individuals with substance abuse. Missourians will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to collaborating physicians and APRNs and removes conflicting language from the text of this rule. The normal rulemaking process would require these changes to wait six (6) months for the rule change to go through the process, potentially causing confusion for collaborating physicians and APRNs, their employers, and patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(2) Geographic Areas.

(B) The following shall apply in the use of a collaborative practice arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

1. If the APRN is providing services pursuant to section 335.175, RSMo, no mileage limitation shall apply;
2. If the APRN is not providing services pursuant to section 335.175, RSMo, and is practicing the collaborating physician and collaborating APRN shall practice within seventy-five (75) miles by road of one another.

3. Pursuant to 630.875, RSMo, an APRN collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the "Improved Access to Treatment for Opioid Addictions Program" (IATOAP) in any area of the state and provide all services and functions of an APRN. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(D) A collaborating physician shall not enter into a collaborative practice arrangement with more than *three (3)* six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health

services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in 334.104(7), RSMo.

(3) Methods of Treatment.

(G) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the United States Pharmacopeia (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrievable dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating APRN;

8. An RN shall not, under any circumstances, prescribe drugs.

The administering or dispensing of a controlled substance by an RN or APRN who has not been delegated authority to prescribe in a collaborative practice arrangement, pursuant to 19 CSR 30-1.066, shall be accomplished only under the direction and supervision of the collaborating physician, or other physician designated in the collaborative practice arrangement, and shall only occur on a case-by-case determination of the patient's needs following verbal consultation between the collaborating physician and collaborating RN or APRN. The required consultation and the physician's directions for the administering or dispensing of controlled substances shall be recorded in the patient's chart and in the appropriate dispensing log. These recordings shall be made by the collaborating RN or APRN and shall be cosigned by the collaborating physician following a review of the records;

9. In addition to administering and dispensing controlled substances, an APRN, as defined in section 335.016, RSMo, may be delegated the authority to prescribe controlled substances listed in **Schedule II-hydrocodone and Schedules III, IV, and V** of section 195.017, RSMo in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in **Schedule II-hydrocodone and Schedules III, IV, and V** of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the APRN shall comply with requirements set forth in section 195.080, RSMo. Schedule II-hydrocodone and Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty- (120)-/- hour supply without refill. An APRN may prescribe buprenorphine, a Schedule III controlled substance, for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.104 and 630.875, RSMo;

10. An APRN may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents,

grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step members are also included in family;

11. An APRN or RN in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

12. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the collaborating APRN to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

13. The medications to be administered, dispensed, or prescribed by a collaborating RN or APRN in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating RN or APRN.

AUTHORITY: sections [334.104.3, 335.036,] 334.125 and 335.175, RSMo [Supp. 2013] 2016, and sections [334.125] 334.104.3 and 335.036, RSMo Supp. [2014] 2018. This rule originally filed as 4 CSR 200-4.200. Original rule filed Jan. 29, 1996, effective Sept. 30, 1996. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2150—State Board of Registration for the Healing Arts

Chapter 7—Licensing of Physician Assistants

EMERGENCY AMENDMENT

20 CSR 2150-7.130 Applicants for Certificate of Controlled Substance Prescriptive Authority. The board is amending section (5).

PURPOSE: This rule is being amended to implement Senate Bill 718 (2018) passed by the 99th General Assembly.

EMERGENCY STATEMENT: Senate Bill 718 (2018) implements the Improved Access to Treatment for Opioid Addictions Act (IATOA Act) which authorizes mid-level practitioners to prescribe buprenorphine for up to thirty (30) days without refill for patients receiving medication assisted treatment for substance abuse disorders under the direction of a collaborating or supervising physician.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. By removing conflicting language from the rule the board will remain compliant with the provisions of Senate Bill 718 and with the inclusion of the IATOA Act mid-level practitioners will be able to assist in the treatment of substance abuse.

This improves access to care for individuals with substance abuse. Missourians will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to collaborating physicians and physician assistants and removes conflicting language from the text of

this rule. The normal rulemaking process would require these changes to wait six (6) months for the rule change to go through the process, potentially causing confusion for collaborating physicians and physician assistants, their employers, and patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(5) Applicants shall file with the board a supervision verification form, signed by their supervising physician, stating that the supervising physician has delegated to the physician assistant the authority to prescribe [Schedule III, IV, or V controlled substances to the physician assistant.]: Schedule II—hydrocodone prescription shall be limited to a five- (5-) day supply; Schedule III—limited to a five-(5-) day supply, except buprenorphine can be prescribed for up to a thirty- (30-) day supply without refill for patients receiving medication assisted treatment for substance use disorders under the direction of the collaborating or supervising physician pursuant to section 334.747, RSMo; Schedule IV; or Schedule V. The delegated authority to prescribe shall be consistent with each professional's education, knowledge, skill, and competence. Any limitations on the physician's or physician assistant's ability to prescribe shall be listed on the supervision verification form.

AUTHORITY: sections 334.125, 334.736, 334.738, and 334.743, RSMo [2000] 2016, and sections 334.735 and 334.747, RSMo Supp. [2010] 2018. Original rule filed Nov. 1, 2010, effective June 30, 2011. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2150—State Board of Registration for the Healing Arts

Chapter 7—Licensing of Physician Assistants

EMERGENCY AMENDMENT

20 CSR 2150-7.135 Physician Assistant Supervision Agreements. The board is amending the purpose statement, adding new sections (6), (8), and (9), and renumbering as necessary.

PURPOSE: This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.

PURPOSE: This rule defines the terms used throughout this chapter as applicable to physician assistants, specifies the requirements for supervision agreements and practice of a physician assistant pursuant to a supervision agreement pursuant to section 334.735, RSMo, and physician assistant involvement in the “Improved Access to Treatment for Opioid Addictions Act” (IATOA) pursuant to section 630.875, RSMo.

EMERGENCY STATEMENT: Senate Bill 718 (2018) changes the

number of full-time mid-level providers a physician can enter into a collaborative practice agreement or supervision agreement and allows the collaborating or supervising physician to determine the type of midlevel practitioner, which includes advanced practice registered nurses (APRNs), physician assistants (PAs), or assistant physicians in any combination that best serves the physician's practice setting. The board is proposing to file an emergency amendment to remove conflicting rule language.

Senate Bill 718 also implements the Improved Access to Treatment for Opioid Addictions Act (IATOA Act) which authorizes mid-level practitioners to prescribe buprenorphine for up to thirty (30) days without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of a collaborating or supervising physician.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. By removing conflicting language from the rule the board will remain compliant with the provisions of Senate Bill 718, and with the inclusion of the IATOA Act, mid-level practitioners will be able to assist in the treatment of substance abuse.

This improves access to care for individuals with substance abuse. Missourians will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to collaborating physicians and physician assistants and removes conflicting language from the text of this rule. The normal rulemaking process would require these changes to wait six (6) months for the rule change to go through the process, potentially causing confusion for collaborating physicians and physician assistants, their employers, and patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(6) In addition to administering and dispensing controlled substances, a physician assistant, who meets the requirements of 20 CSR 2150-7.130, may be delegated the authority to prescribe controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, in a written supervision agreement, except that, the supervision agreement shall not delegate the authority to administer any controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the physician assistant shall comply with requirements set forth in section 195.080, RSMo. Schedule II (hydrocodone) and Schedule III narcotic controlled substance prescriptions shall be limited to a five- (5-) day supply without refill. Pursuant to section 334.747, RSMo, a physician assistant may prescribe Schedule III buprenorphine for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.735 and 630.875, RSMo.

/(6)/(7) It is the responsibility of the supervising physician to determine and document the completion of a one- (1-) month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present. A one- (1-) month period shall consist of a minimum of one hundred (100) hours in a consecutive thirty- (30-) day period.

(8) The following shall apply in the use of a supervision agreement by a physician assistant who provides health care services that include the diagnosis and initiation of treatment for acutely

or chronically ill or injured persons:

(A) If the collaborating physician and physician assistant are utilizing telehealth in providing services in medically underserved area as defined in 20 CSR 2150-2.001(11), no mileage limitation shall apply;

(B) If the physician assistant is providing services pursuant to section 334.735.2(2), RSMo, no supervision requirements in addition to the minimum federal law shall be required;

(C) If the collaborating physician and physician assistant are not utilizing telehealth in providing services in the medically underserved area, the practice location where the collaborating physician, or other physician designated in the collaborative practice agreement, shall be no further than seventy-five (75) miles by road, using the most direct route available, from the collaborating physician assistant;

(D) If the physician assistant is collaborating with a physician who is waiver-certified for the use of buprenorphine, pursuant to section 630.875 RSMo, the physician assistant may participate in the "Improved Access to Treatment for Opioid Addictions Program" (IATOAP) in any area of the state and provide all services and functions of a physician assistant. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(9) Pursuant to section 334.104, RSMo, a supervising physician shall not enter into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in section 334.104(7), RSMo.

/(7)/(10) It is the responsibility of the supervising physician and licensed physician assistant to jointly review and document the work, records, and practice activities of the licensed physician assistant at least once every two (2) weeks. The supervising physician must review a minimum of ten percent (10%) of the physician assistant's patients' records every two (2) weeks and have documentation supporting the review. For nursing home practice, such review shall occur at least once a month. The documentation of this review shall be available to the Board of Registration for the Healing Arts for review upon request.

/(8)/(11) If any provisions of these rules are deemed by the appropriate federal or state authority to be inconsistent with guidelines for federally funded clinics, individual provisions of these rules shall be considered severable and supervising physicians and licensed physician assistants practicing in such clinics shall follow the provisions of such federal guidelines in these instances. However, the remainder of the provisions of these rules not so affected shall remain in full force and effect for such practitioners.

AUTHORITY: section 334.735, RSMo Supp. [2017] 2018. This rule originally filed as 4 CSR 150-7.135. Original rule filed Jan. 3, 1997, effective July 30, 1997. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the Missouri Register.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
Division 2200—State Board of Nursing
Chapter 4—General Rules

EMERGENCY AMENDMENT

20 CSR 2200-4.200 Collaborative Practice. The board is amending the purpose statement and sections (2) and (3).

PURPOSE: *This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.*

PURPOSE: *In accordance with section 334.104, RSMo, this rule defines collaborative practice arrangement terms and delimits geographic areas; methods of treatment; review of services; and drug/device dispensing or distribution pursuant to prescription and implements the Utilization of Telehealth by Nurses as required by section 335.175, RSMo and APRN involvement in the “Improved Access to Treatment for Opioid Addictions Act” (IATOA) pursuant to sections 334.104 and 630.875, RSMo.*

EMERGENCY STATEMENT: *The Missouri State Board of Registration for the Healing Arts and the Missouri State Board of Nursing (boards) find that an immediate danger to the public health, safety, or welfare requires emergency action to increase access to Missourians who are in need of medication-assisted treatment due to a substance use disorder. In current regulation, an APRN can prescribe a Schedule III drug, for five (5) days. Patients receiving medication-assisted treatment are having to return to the provider (the APRN) every five (5) days for a new prescription. This places a burden on the patient and the patient’s support system, both financially and time wise. This rule change will permit APRNs to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician.*

Additionally, this emergency amendment is necessary to preserve a compelling governmental interest that requires an early effective date by addressing the public’s access to healthcare to improve health outcomes, reduced health disparities, and lower healthcare expenditures. When Missourians have access to primary healthcare services and resources, their health problems are detected and treated earlier. The boards believe that procedures best calculated to assure fairness to all interested persons and parties in that the mileage restrictions have been discussed at several legislative hearings, at the Board of Nursing’s August 8, 2018 board meeting, and in the Board of Healing Arts’ March 9, 2017 mail ballot which provided adequate public notice for the proposed amendment. This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The board believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(2) Geographic Areas.

(B) The following shall apply in the use of a collaborative practice

arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

1. If the APRN is providing services pursuant to section 335.175, RSMo, no mileage limitation shall apply;

2. If the APRN is not providing services pursuant to section 335.175, RSMo, the collaborating physician and collaborating APRN shall practice within seventy-five (75) miles by road of one another./; and

3. Pursuant to section 630.875, RSMo, an APRN collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the “Improved Access to Treatment for Opioid Addictions Program” (IATOAP) in any area of the state and provide all services and functions of an APRN. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(D) A collaborating physician shall not enter into a collaborative practice arrangement with more than *three (3)* six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in section 334.104(7), RSMo.

(3) Methods of Treatment.

(G) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the *United States Pharmacopeia* (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrievable dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating APRN;

8. An RN shall not, under any circumstances, prescribe drugs. The administering or dispensing of a controlled substance by an RN or APRN who has not been delegated authority to prescribe in a collaborative practice arrangement, pursuant to 19 CSR 30-1.066, shall be accomplished only under the direction and supervision of the collaborating physician, or other physician designated in the collaborative practice arrangement, and shall only occur on a case-by-case determination of the patient’s needs following verbal consultation between the collaborating physician and collaborating RN or APRN. The required consultation and the physician’s directions for the administering or dispensing of controlled substances shall be recorded in the patient’s chart and in the appropriate dispensing log. These recordings shall be made by the collaborating RN or APRN and shall

be cosigned by the collaborating physician following a review of the records;

9. In addition to administering and dispensing controlled substances, an APRN, as defined in section 335.016, RSMo, may be delegated the authority to prescribe controlled substances listed in **Schedule II-hydrocodone and Schedules III, IV, and V** of section 195.017, RSMo, in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in **Schedule II-hydrocodone and Schedules III, IV, and V** of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. **When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the APRN shall comply with requirements set forth in section 195.080, RSMo.** **Schedule II-hydrocodone and Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty- (120-) hour supply without refill. An APRN may prescribe buprenorphine, a Schedule III controlled substance, for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.104 and 630.875, RSMo;**

10. An APRN may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step members are also included in family;

11. An APRN or RN in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

12. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the collaborating APRN to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

13. The medications to be administered, dispensed, or prescribed by a collaborating RN or APRN in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating RN or APRN.

*AUTHORITY: sections 334.104.3, 334.125, 335.036, and 335.175, RSMo 2016. This rule originally filed as 4 CSR 200-4.200. Original rule filed Jan. 29, 1996, effective Sept. 30, 1996. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbol under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety- (90-) day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

Title 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 5—Inspections

PROPOSED AMENDMENT

2 CSR 80-5.010 Inspection Fees. The board is amending the rule purpose and section (1).

PURPOSE: *This amendment is updating the inspection fee from fiscal year 2019 to 2020.*

PURPOSE: *This rule complies with section 196.945, RSMo, to set inspection fees for Fiscal Year [2019] 2020 for milk produced on farms inspected by the State Milk Board and milk imported from points beyond the limits of routine inspection.*

(1) The inspection fee for Fiscal Year [2019] 2020 (July 1, [2018] 2019–June 30, [2019] 2020) shall be five cents (5¢) per hundred

weight on milk produced on farms inspected by the State Milk Board or its contracted local authority and four and a half cents (4.5¢) per hundred weight on milk imported from areas beyond the points of routine inspection.

AUTHORITY: section 196.939, RSMo 2016. *Original rule filed April 12, 1977, effective Sept. 11, 1977. For intervening history, please consult the Code of State Regulations. Amended: Filed March 1, 2019.*

PUBLIC COST: *This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

PRIVATE COST: *This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement of support of or in opposition to this proposed amendment with the Missouri Department of Agriculture, Amy Luecke, PO Box 630, Jefferson City, MO 65102 or by email to amy.luecke@mda.mo.gov. To be considered, comments must be received within thirty (30) days of publication of this notice in the Missouri Register. No public hearing is scheduled.*

Title 3—DEPARTMENT OF CONSERVATION

Division 10—Conservation Commission

Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

PROPOSED AMENDMENT

3 CSR 10-9.110 General Prohibition; Applications. The commission proposes to amend subsection (3)(E), and subparagraphs (3)(H)2.A. and (3)(H)2.E. of this rule.

PURPOSE: *This amendment updates the scientific names of the Virile (or "Northern") crayfish and the Calico ("papershell") crayfish.*

(3) Fish and crayfish may be bought, sold, transported, propagated, taken, and possessed by any person without permit throughout the year in any number or size and by any method providing—

(E) Only the Virile (or "Northern") crayfish (*Orconectes Faxonius virilis*) may be purchased for re-sale or sold for use as live bait. Live Virile (or "Northern") crayfish may not be imported into the state;

(H) Approved Aquatic Species List.

1. Fishes.
 - A. Alligator gar (*Lepisosteus spatula*)
 - B. American eel (*Anguilla rostrata*)
 - C. Atlantic salmon (*Salmo salar*)
 - D. Bighead carp (*Hypophthalmichthys nobilis*)
 - E. Bigmouth buffalo (*Ictiobus cyprinellus*)
 - F. Black bullhead (*Ameiurus melas*)
 - G. Black crappie (*Pomoxis nigromaculatus*)
 - H. Blue catfish (*Ictalurus furcatus*)
 - I. Bluegill (*Lepomis macrochirus*)
 - J. Blue sucker (*Cyprinus elongatus*)
 - K. Bluntnose minnow (*Pimephales notatus*)
 - L. Bowfin (*Amia calva*)
 - M. Brook trout (*Salvelinus fontinalis*)
 - N. Brown bullhead (*Ameiurus nebulosus*)
 - O. Brown trout (*Salmo trutta*)
 - P. Channel catfish (*Ictalurus punctatus*)

- Q. Coho salmon (*Oncorhynchus kisutch*)
- R. Common carp (*Cyprinus carpio*)
- S. Cutthroat trout (*Oncorhynchus clarkii*)
- T. Fathead minnow (*Pimephales promelas*)
- U. Flathead catfish (*Pylodictis olivaris*)
- V. Freshwater drum (*Aplodinotus grunniens*)
- W. Gizzard shad (*Dorosoma cepedianum*)
- X. Golden shiner (*Notemigonus crysoleucas*)
- Y. Golden trout (*Oncorhynchus aguabonita*)
- Z. Goldfish (*Carassius auratus*)
- AA. Grass carp (*Ctenopharyngodon idella*)
- BB. Green sunfish (*Lepomis cyanellus*)
- CC. Largemouth bass (*Micropterus salmoides*)
- DD. Longear sunfish (*Lepomis megalotis*)
- EE. Longnose gar (*Lepisosteus osseus*)
- FF. Mosquitofish (*Gambusia affinis*)
- GG. Muskellunge (*Esox masquinongy*)
- HH. Northern pike (*Esox lucius*)
- II. Orangespotted sunfish (*Lepomis humilis*)
- JJ. Paddlefish (*Polyodon spathula*)
- KK. Pumpkinseed (*Lepomis gibbosus*)
- LL. Quillback (*Carpoides cyprinus*)
- MM. Rainbow trout (*Oncorhynchus mykiss*)
- NN. Redear sunfish (*Lepomis microlophus*)
- OO. River carpsucker (*Carpoides carpio*)
- PP. Sauger (*Sander canadensis*)
- QQ. Shortnose gar (*Lepisosteus platostomus*)
- RR. Shovelnose sturgeon (*Scaphirhynchus platorhynchus*)
- SS. Smallmouth bass (*Micropterus dolomieu*)
- TT. Spotted bass (*Micropterus punctulatus*)
- UU. Spotted gar (*Lepisosteus oculatus*)
- VV. Striped bass (*Morone saxatilis*)
- WW. Threadfin shad (*Dorosoma petenense*)
- XX. Walleye (*Sander vitreus*)
- YY. Warmouth (*Lepomis gulosus*)
- ZZ. White bass (*Morone chrysops*)
- AAA. White crappie (*Pomoxis annularis*)
- BBB. White sucker (*Catostomus commersoni*)
- CCC. Yellow bullhead (*Ameiurus natalis*)
- DDD. Yellow perch (*Perca flavescens*)
- 2. Crustaceans.
 - A. Calico ("papershell") crayfish (*[Orconectes] Faxonius immunis*)
 - B. Freshwater prawn (*Macrabrachium rosenbergii*)
 - C. Pacific white shrimp (*Litopenaeus vannamei*)
 - D. Red swamp crawfish (*Procambarus clarkii*)
 - E. Virile (or "In)Northern" crayfish (*[Orconectes] Faxonius virilis*)
 - F. White River crawfish (*Procambarus acutus*)

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. and section 252.040, RSMo 2016. This rule was previously filed as 3 CSR 10-4.110(5), (6), and (10). Original rule filed June 26, 1975, effective July 7, 1975. For intervening history, please consult the **Code of State Regulations**. Amended: Filed March 1, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with **Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department's website at <http://short.mdc.mo.gov/Z49>.** To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

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Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 10—Wildlife Code: Commercial Permits:
Seasons, Methods, Limits

PROPOSED AMENDMENT

3 CSR 10-10.743 Commercial Establishments. The commission proposes to amend this rule and the authority section of this rule.

PURPOSE: This amendment removes bear from the list of wildlife which may be bought, possessed, transported, and sold by commercial establishments and corrects an inaccurate reference in the authority section of the rule.

Resident commercial establishments, when possession is accompanied by a valid invoice or bill of sale, may buy, possess, transport, and sell legally purchased and plainly marked dressed or processed pheasants, exotic partridges, quail, game bird eggs, [bear] deer except white-tailed and mule deer, elk, moose, caribou, wild boar, live bait and frogs, and fish. Skinned furbearer carcasses and fish eggs may be sold at retail only.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. and section [252.240] 252.040, RSMo 2016. Original rule filed Aug. 16, 1973, effective Dec. 31, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed March 1, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with **Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department's website at <http://short.mdc.mo.gov/Z49>.** To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 11—Wildlife Code: Special Regulations for
Department Areas

PROPOSED AMENDMENT

3 CSR 10-11.115 Closings. The commission proposes to delete subsections (4)(A), (4)(B), and (4)(C) and add new subsections (4)(A)-(4)(E) to this rule.

PURPOSE: This amendment expands the list of department areas that close to public use during high water on the Mississippi River and re-orders the list for consistency.

(4) The following department areas are closed during high waters:
(A) On Donaldson Point Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the Mississippi River water level is at or above thirty-four feet (34') on the New Madrid gauge;

(B) On Seven Island Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the Mississippi River water level is at or above thirty feet (30') on the New Madrid gauge; and

(C) On Hornersville Swamp Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the water level is at or above thirty-eight feet (38') on the Little River Floodway Ditch No. 1 at Hornersville, MO, gauge.]

(A) On Black Island Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the Mississippi River water level is at or above twenty-eight feet (28') on the Caruthersville, MO, gauge;

(B) On Donaldson Point Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the Mississippi River water level is at or above thirty-four feet (34') on the New Madrid, MO, gauge;

(C) On Girvin (John L. and Georgia) Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the Mississippi River water level is at or above twenty-nine feet (29') on the New Madrid, MO, gauge;

(D) On Hornersville Swamp Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the water level is at or above thirty-eight feet (38') on the Little River Floodway Ditch No. 1 at Hornersville, MO, gauge; and

(E) On Seven Island Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the Mississippi River water level is at or above thirty feet (30') on the New Madrid, MO, gauge.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. and section 252.040, RSMo 2016. This rule previously filed as 3 CSR 10-4.II.5. Original rule filed April 30, 2001, effective Sept. 30, 2001. For intervening history, please consult the **Code of State Regulations**. Amended: Filed March 1, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department's website at <http://short.mdc.mo.gov/Z49>. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 240—Public Service Commission

Chapter 20—Electric Utilities

PROPOSED AMENDMENT

4 CSR 240-20.100 Electric Utility Renewable Energy Standard Requirements. The commission is amending section (4).

PURPOSE: This amendment incorporates provisions of SB 564, passed by the 99th General Assembly and signed by the governor on June 1, 2018.

(4) Solar Rebate. Pursuant to sections 393.1030 and **393.1670**, RSMo, and this rule, electric utilities shall include in their tariffs a

provision regarding retail account holder rebates for solar electric systems. These rebates shall be available to Missouri electric utility retail account holders who install new or expanded solar electric systems comprised of photovoltaic cells or photovoltaic panels. **As used in this section, customer means retail account holder.**

(D) Solar electric systems installed by retail account holders must consist of equipment that is commercially available and factory new when installed on the original account holder's premises, and the principal system components (i.e., photovoltaic modules and inverters) shall be covered by a functional warranty from the manufacturer for a minimum period of ten (10) years, unless determined otherwise by the commission, with the exception of solar battery components. Rebuilt, used, or refurbished equipment is not eligible to receive the rebate.

1. **Solar rebates made available prior to January 1, 2019,** *[For any applicable retail account, rebates]* shall be limited to twenty-five (25) kW for any applicable retail account. Retail accounts which have been awarded rebates for an aggregate of less than twenty-five (25) kW shall qualify to apply for rebates for system expansions up to an aggregate of twenty-five (25) kW. Systems greater than twenty-five (25) kW but less than one hundred (100) kW in size shall be eligible for a solar rebate up to the twenty-five (25) kW limit of this section.

2. **Solar rebates for systems that become operational after January 1, 2019** shall be available for new or expanded solar electric systems up to twenty-five (25) kW for residential customers and one hundred and fifty (150) kW for non-residential customers. Residential net-metered solar electric systems greater than twenty-five (25) kW but less than one hundred (100) kW in size shall be eligible for a solar rebate up to the twenty-five (25) kW limit of this section. Customers shall be eligible for rebates on new or expanded systems for the increment of new or expanded capacity and not for capacity on which rebates offered under any other provision of law have previously been paid, up to the system kilowatt limits outlined in this section.

(E) *[The s/*Solar electric systems which are less than 100 kW in size shall meet all requirements of 4 CSR 240-20.065, Net Metering.

(L) The electric utility shall provide the solar rebate payment to qualified customer-generators within thirty (30) days of confirming the customer-generator's solar electric system is operational. Consistent with 4 CSR 240-20.065(9), customer-generators have up to twelve (12) months from when they receive notice of approval of their Interconnection Application/Agreement for Net Metering Systems with Capacity of One Hundred Kilowatts (100 kW) or less for the utility to confirm the customer-generator's solar electric system is operational.

1. The solar rebates per installed watt *[up to a maximum of twenty-five kilowatts (25 kW) per retail account]* are—

A. \$2.00 per watt for systems operational on or before June 30, 2014;

B. \$1.50 per watt for systems operational between July 1, 2014 and June 30, 2015 (inclusive);

C. \$1.00 per watt for systems operational between July 1, 2015 and June 30, 2016 (inclusive);

D. \$0.50 per watt for systems operational between July 1, 2016 and June 30, 2019 (inclusive);

E. \$0.25 per watt for systems operational between July 1, 2019 and *[June 30, 2020]* December 31, 2023. (inclusive); and

[F. \$0.00 per watt for systems operational after June 30, 2020.]

*[G.]F. An electric utility may offer solar rebates after *[July 1, 2020]* December 31, 2023 through a commission-approved tariff.*

(M) Any future payment of valid solar rebate applications, queued for payment prior to August 28, 2018, shall not count toward the annual or aggregate limits prescribed in section 393.1670(1) RSMo.

(N) For electric utilities with less than two hundred thousand (200,000) Missouri retail customers—

1. Solar rebate payments made prior to January 1, 2019 shall be limited to twenty-five (25) kW for both residential and non-residential customers; and

2. In the event the limit has been reached, the electric utility shall continue to process and pay solar rebates until the electric utility meets or exceeds the retail rate impact limits of section (5) of this rule. However, these solar rebates shall be limited to twenty-five (25) kW for both residential and non-residential customers.

[(M)](O) An electric utility may, through its tariff, require applications for solar rebates to be submitted up to one hundred eighty-two (182) days prior to the June 30 operational dates. The electric utility will pay the pre-June 30 rebate amount as defined in this subsection to customer-generators who comply with the submission and system operational requirements on or before June 30 of the following year. Customer-generators that fail to meet the submission or system operational requirements on or before the June 30 date will receive the post-June 30 rebate amount if the electric utility confirms their solar electric systems are operational within one (1) year of their application. If a customer has satisfied all of the System Completion Requirements by June 30 of indicated years, but the electric utility is not able to complete all of the electric utility's steps needed to establish an Operational Date on or before June 30, the rebate rate will be determined as though the Operational Date was June 30. If it is subsequently determined that the customer or the System did not satisfy all Completion Requirements required of the customer on or before June 30, the rebate rate will be determined based on the Operational Date.

[(N)](P) Unless the commission orders otherwise, if the electric utility meets or exceeds the retail rate impact limits of section (5) of this rule, the solar rebates shall be paid *[on a first-come, first-served basis,]* as determined by the solar system operational date. Any solar rebate applications that are not honored in a particular calendar year due to the requirements of this subsection shall be *[the first-come, first-served applications]* considered in the following calendar year.

[(O)](Q) An electric utility shall maintain on its website, current information related to—

1. The electric utility's solar rebate application and review processes, including standards for determining application eligibility;
2. The solar rebate amount associated with pending applications that have been submitted, but not yet reviewed;
3. The current level of solar rebate payments; and
4. The rebate amount associated with applications that are approved, but where the solar electric system is not yet operational.

AUTHORITY: section 393.1030, RSMo Supp. [2013] 2018, and sections 386.040 and 386.250, RSMo [2000] 2016. Original rule filed Jan. 8, 2010, effective Sept. 30, 2010. Amended: Filed March 25, 2015, effective Nov. 30, 2015. Amended: Filed Feb. 27, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed amendment with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City MO 65102-0360. To be considered, comments must be received at the commission's offices on or before May 1, 2019, and should include a reference to Commission Case No. EX-2019-0050. Comments may also be submitted via a filing using the commission's electronic filing and infor-

mation system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for May 7, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions. Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 10—Adjutant General
Chapter 11—State Emergency Management Agency

PROPOSED RESCISSON

11 CSR 10-11.010 Emergency Operations Plan (State). This rule established the State Emergency Management Agency, Office of the Adjutant General as the authority to establish a plan to organize state government in order to respond in an emergency and to provide guidance to state agencies and local political subdivisions in the preparation of disaster plans of their own.

PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in sections 44.010 to 44.130, RSMo.

AUTHORITY: sections 44.010 to 44.130, RSMo (1994). Original rule filed Sept. 10, 1969, effective Sept. 20, 1969. Amended: Filed Feb. 4, 1983, effective May 15, 1983. Filed Jan. 9, 1996, effective July 30, 1996. Rescinded: Filed March 1, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 10—Adjutant General
Chapter 11—State Emergency Management Agency

PROPOSED RESCISSON

11 CSR 10-11.020 Emergency Operations Plan (State). This rule established the State Emergency Management Agency, Office of the Adjutant General as the authority to establish a plan for emergency management of resources.

PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in sections 44.010 to 44.130, RSMo.

AUTHORITY: sections 44.010 to 44.130, RSMo 2000 and Supp. 2003. Original rule filed Dec. 20, 1966, effective Dec. 30, 1966. For intervening history, please consult the **Code of State Regulations**. Rescinded: Filed March 1, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 10—Adjutant General
Chapter 11—State Emergency Management Agency

PROPOSED RESCISSION

11 CSR 10-11.040 Missouri Disaster Fund. This rule established definitions, eligibility and procedures for providing assistance to state agencies, political subdivisions and individuals who have suffered losses resulting from disaster which has imposed a severe financial burden and imposed a hardship which exceeds ordinary or expected impact on their capacity to restore basic/essential services or materials needed for essential functions.

PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in section 44.032, RSMo.

AUTHORITY: section 44.032, RSMo (1986). Original rule filed Jan. 6, 1986, effective April 14, 1986. Rescinded: Filed March 1, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 10—Adjutant General
Chapter 11—State Emergency Management Agency

PROPOSED RESCISSION

11 CSR 10-11.050 Definitions. This rule established definitions of terminology used in the Missouri Disaster Fund Rules.

PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in sections 44.010 - 44.032, RSMo.

AUTHORITY: section 44.032, RSMo (1986). Original rule filed Jan. 6, 1986, effective April 14, 1986. Rescinded: Filed March 1, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 10—Adjutant General
Chapter 11—State Emergency Management Agency

PROPOSED RESCISSION

11 CSR 10-11.070 Political Subdivision Assistance. This rule established the eligibility of political subdivisions for assistance of disaster expenses from the Missouri Disaster Fund.

PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in section 44.032, RSMo.

AUTHORITY: section 44.032, RSMo 2000. Original rule filed Jan. 6, 1986, effective April 14, 1986. Amended: Filed March 20, 1989, effective June 29, 1989. Amended: Filed March 4, 2004, effective Sept. 30, 2004. Rescinded: Filed March 1, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 10—Adjutant General
Chapter 11—State Emergency Management Agency

PROPOSED RESCISSION

11 CSR 10-11.090 Procedures for Submitting Requests. This rule established procedures which shall be followed to apply for assistance by state agencies, political subdivisions and individuals to receive assistance from the Missouri Disaster Fund.

PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in section 44.032, RSMo.

AUTHORITY: section 44.032, RSMo (1986). Original rule filed Jan. 6, 1986, effective April 14, 1986. Amended: Filed March 20, 1989, effective June 29, 1989. Rescinded: Filed March 1, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 10—Adjutant General
Chapter 11—State Emergency Management Agency

PROPOSED RESCISSION

11 CSR 10-11.100 Major Disasters, Presidentially Declared. This rule clarified and differentiated assistance from the Missouri Disaster Fund and federal assistance which may be available when a federal disaster is declared.

PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in section 44.032, RSMo.

AUTHORITY: section 44.032, RSMo 2000. Original rule filed Jan. 6, 1986, effective April 14, 1986. Amended: Filed March 4, 2004, effective Sept. 30, 2004. Rescinded: Filed March 1, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 10 Adjutant General
Chapter 11—State Emergency Management Agency

PROPOSED RESCISSION

11 CSR 10-11.110 Limitations. This rule established limits of expenditure from the fund for each disaster declaration or emergency.

PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in section 44.032, RSMo.

AUTHORITY: section 44.032, RSMo 2000. Original rule filed Jan. 6, 1986, effective April 14, 1986. Amended: Filed March 20, 1989, effective June 29, 1989. Amended: Filed March 4, 2004, effective Sept. 30, 2004. Rescinded: Filed March 1, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 10—Adjutant General
Chapter 11—State Emergency Management Agency

PROPOSED RESCISSION

11 CSR 10-11.120 Volunteer Inspectors Administrative Plan (State). The State Emergency Management Agency, Office of the Adjutant General had the authority to establish a plan to establish and administer an emergency volunteer program to be activated in the event of a catastrophic earthquake or other natural disaster whereby volunteer architects and professional engineers registered under Chapter 327, RSMo may volunteer their services to determine whether or not buildings have been affected as required by section 44.023, RSMo.

PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in section 44.023, RSMo

AUTHORITY: section 44.023, RSMo Supp. 2003. Original rule filed March 31, 1994, effective Sept. 30, 1994. Amended: Filed March 4, 2004, effective Sept. 30, 2004. Rescinded: Filed March 1, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 1—General Organization

PROPOSED AMENDMENT

11 CSR 30-1.010 Organization and Operations. The director is amending sections (3) and (5).

PURPOSE: This rule is being amended to accurately reflect the organization of the department.

(3) The Department of Public Safety *[is divided into eight (8) major units. These units include three (3) planning or support units for public safety activities, four (4) law enforcement units and the adjutant general's office.*

(A) Planning and Support Units.

1. Division of staff services. This office is headed by a

director of staff services employed by and directly responsible to the director of public safety. This office is responsible for overall coordination and unified budgeting within the Department of Public Safety. This office is responsible for the implementation of programs and procedures involving personnel, payrolls, accounts, purchases and contracts; for monitoring the expenditure of all budgeted funds; and for the collection and dissemination of information necessary for the efficient operation and management of the Department of Public Safety. This office enables the director to evaluate and pursue department-wide priorities and provides effective management tools for the director of public safety to ensure intradepartmental efficiency and accessibility to pertinent information for review and research purposes. It is through this office that the director is able to eliminate waste and duplication, promote coordination and cooperation in the public safety area and streamline the delivery of necessary services.

2. Missouri Council on Criminal Justice. The Missouri Council on Criminal Justice was created by the director of the department. The members of this council are appointed by the director. This council has been designated by the governor as the state planning agency required by the Omnibus Crime Control and Safe Streets Act of 1968 as amended in 1973, Public Law 93-83. This council has the power to approve or disapprove the allocation of all grants issued through the Law Enforcement Assistance Administration. The director of public safety is responsible for providing staff assistance to the Missouri Council on Criminal Justice. This staff is headed by an executive director employed by and directly responsible to the director of public safety.

3. Division of Highway Safety. The Division of Highway Safety is headed by a director employed by and directly responsible to the director of public safety. This division administers Missouri's comprehensive highway safety program which is designed to implement the National Highway Traffic Safety Act, Public Law 93-643 and is responsible for the allocation of federal funds in accordance with this comprehensive plan and applicable state and federal law.

(B) Law Enforcement Units: The law enforcement activities of the Department of Public Safety are carried out through four (4) separate divisions, the Missouri State Highway Patrol, the Division of Liquor Control, the Division of Water Safety and the State Fire Marshal.

1. The State Highway Patrol is headed by a superintendent appointed by the governor with the advice and consent of the senate. The superintendent is directly responsible to the director of public safety. This division is primarily responsible for enforcing the laws on the state's highways as specified in Chapter 43, RSMo.

2. The Division of Liquor Control is headed by a supervisor nominated by the director of the Department of Public Safety and appointed by the governor with the advice and consent of the senate. The supervisor of liquor control is directly responsible to the director of public safety. This division is primarily responsible for the enforcement of liquor laws in the state of Missouri as specified in Chapters 311 and 312, RSMo.

3. The Division of Water Safety is headed by a commissioner appointed by the governor with the advice and consent of the senate. The commissioner is directly responsible to the director of public safety. This division is primarily responsible for enforcing the laws of Missouri on the state's waterways as specified in Chapter 306, RSMo.

4. The State Fire Marshal's office is headed by a state fire marshal appointed by and directly responsible to the director of public safety. This office is responsible for the investigation of suspicious fires and explosions and the

development of information which will lead to the arrest and prosecution of persons who have committed criminal arson as specified in Chapter 320, RSMo. In addition, the State Fire Marshal's office is authorized under sections 292.600-292.625, RSMo to administer the state and federal Emergency Planning and Community Right-to-Know Act.

(C) The Adjutant General.

1. The adjutant general and the state militia are assigned to the Department of Public Safety. The adjutant general is appointed by the governor with the advice and consent of the senate and is responsible to the governor who serves as commander-in-chief of the state militia.

2. The adjutant general's office and the Department of Public Safety cooperate in the development and implementation of plans to prepare against civil disturbances, natural disasters and other emergency situations and to provide assistance following these events.] carries out its programs through the following major administrative divisions and units:

(A) Office of the Director is responsible for the overall coordination and unified budgeting within the department. This office is responsible for the implementation of programs and procedures involving personnel, payroll, accounting, purchasing and contracts. The director's office also manages the Criminal Justice/Law Enforcement Unit, Peace Officer Standards and Training Unit, Crime Victims Services Unit, Crime Victims' Compensation Program, Missouri Office of Homeland Security, Juvenile Justice, and the Missouri Statewide Interoperability Center;

(B) Alcohol and Tobacco Control Division is responsible for the enforcement of liquor and tobacco control laws in the state of Missouri as specified in Chapters 311 and 312, RSMo;

(C) Capitol Police Division is the primary law enforcement agency for the Capitol Complex. Officers patrol buildings and grounds and respond to medical emergencies, traffic accidents, and security and fire alarms. The division also provides residential security at the Missouri Governor's Mansion;

(D) Fire Safety Division is responsible for the investigation of suspicious fires and explosions, performing fire safety inspections, regulating the manufacturing and sale of fireworks in Missouri, conducting safety inspections of boiler and pressure vessels, elevator and amusement ride safety, and firefighter training and certification;

(E) Gaming Commission regulates charitable gaming, riverboat casino gaming, and fantasy sports contests in Missouri and ensures the integrity of the gaming industry;

(F) Missouri State Highway Patrol Division is empowered to enforce traffic laws and promote safety upon Missouri highways and waterways. The division also provides executive protection to the Governor and First Family, aircraft operations, criminal investigation, law enforcement information systems, and education and training;

(G) Office of the Adjutant General, in cooperation with the Department of Public Safety, is responsible for the development and implementation of plans to prepare against civil disturbances, natural disasters and other emergency situations, and provides assistance during and following these events;

(H) State Emergency Management Agency teaches Missourian's how to prepare for natural disasters, responds with assistance during a disaster, and provides recovery resources following a disaster; and

(I) Veterans Commission provides benefits, assistance, skilled nursing care, and interment of eligible veterans in Missouri.

(5) Any person desiring information or assistance on any matter

falling within the jurisdiction of the Department of Public Safety should contact the Director of Public Safety, 11101 Riverside Drive P.O. Box 749, Jefferson City, MO 65102, phone (573) 751-4905.

AUTHORITY: section 536.023, RSMo [1986] 2016. Original rule filed Dec. 31, 1975, effective Jan. 10, 1976. Amended: Filed Nov. 16, 1993, effective June 6, 1994. Amended: Filed March 1, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Public Safety, ATTN: Nathan Weinert, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 1—General Organization

PROPOSED RESCISSON

11 CSR 30-1.050 Approval of Motor Vehicle Safety Standard for Child Restraint System. This established a rule relating to approval of child restraint systems for use in Missouri.

PURPOSE: This rule is being rescinded because it is no longer needed. The Missouri State Highway Patrol concurs that rescinding the rule will not affect their enforcement of the child restraint law.

AUTHORITY: sections 210.104—210.107, RSMo Supp. 1993. Original rule filed June 10, 1985, effective Aug. 26, 1985. Rescinded: Filed March 1, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 10—Amber Alert

PROPOSED RESCISSON

11 CSR 30-10.010 Definitions for the Amber Alert. This rule defined terms used in the rules for activating an Amber Alert.

PURPOSE: This rule is being rescinded because it is duplicative of state statutes and not required for the operation of the Amber Alert

System.

AUTHORITY: section 210.1014, RSMo Supp. 2005. Original rule filed Oct. 3, 2005, effective March 30, 2006. Rescinded: Filed March 1, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 16—Higher Education Memorandums of Understanding

PROPOSED RULE

11 CSR 30-16.010 Higher Education Memorandums of Understanding

PURPOSE: This rule facilitates the implementation of section 173.2050, RSMo.

(1) Definitions.

- (A) "Assessment" is a survey that includes the following:
1. Distributing a copy of section 173.2050, RSMo, to institutions; and
 2. Requesting that institutions report to the department whether they have complied with section 173.2050, RSMo.
- (B) "Department" is the Department of Public Safety, Office of the Director.
- (C) "Public institution of higher education" or "institution" is any public community college, public college, or public university located in the state of Missouri.

(2) An assessment is to be conducted by the department, and the results are to be published on the department's website.

(3) Following the assessment, any institution entering into or revoking a memorandum of understanding pursuant to section 173.2050, RSMo, is to notify the department within sixty (60) days of such action. The department is to update its website to reflect this change.

AUTHORITY: section 173.2050, RSMo 2016. Original rule filed March 1, 2019.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Public Safety, ATTN: Nathan Weinert, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be

received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 73—Missouri Board of Nursing Home Administrators

Chapter 2—General Rules

PROPOSED RULE

19 CSR 73-2.011 Fee Waiver for Military Families and Low-Income Individuals

PURPOSE: This rule complies with section 324.015.6, RSMo, which requires the Board of Nursing Home Administrators to promulgate rules to implement the provisions of section 324.015, RSMo, the waiver of occupational fees for military families and low-income individuals for a period of two (2) years.

(1) For purposes of this regulation, all terms shall have the same definition as contained in section 324.015.1, RSMo.

(2) Individuals seeking a waiver must apply with the Board of Nursing Home Administrators in writing and include documentation that establishes eligibility for the waiver pursuant to section 324.015, RSMo.

AUTHORITY: section 324.015, RSMo Supp. 2018. Emergency rule filed Feb. 21, 2019, effective March 3, 2019, expires Aug. 29, 2019. Original rule filed Feb. 21, 2019.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Board of Nursing Home Administrators, Sally McKee, Board Coordinator, PO Box 570, Jefferson City, MO 65102, or via email at sally.mckee@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2015—Acupuncturist Advisory Committee

Chapter 1—General Rules

PROPOSED AMENDMENT

20 CSR 2015-1.030 Fees. The committee is amending subsection (3)(B).

PURPOSE: This amendment reduces the biennial renewal fee.

(3) The fees are established as follows:

(B) Acupuncturist Biennial Renewal Fee *[\$125.00]* **\$100.00**

AUTHORITY: sections 324.481, [324.487], 324.490, and 324.493, RSMo 2016, and section 324.487, RSMo Supp. 2018. This rule originally filed as 4 CSR 15-1.030. Original rule filed July 24, 2001,

effective Feb. 28, 2002. Amended: Filed March 15, 2004, effective Sept. 30, 2004. Amended: Filed Feb. 15, 2005, effective Aug. 30, 2005. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 28, 2019.

PUBLIC COST: This proposed amendment will cost state agencies three thousand five hundred dollars (\$3,500) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will save private entities approximately three thousand five hundred dollars (\$3,500) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Acupuncturist Advisory Committee, PO Box 1335, Jefferson City, MO 65102, by facsimile at 573-751-0735, or via email at acupuncture@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

PUBLIC FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration

Division 2015 - Acupuncturist Advisory Committee

Chapter 1 - General Rules

Proposed Amendment to 20 CSR 2015-1.030 Fees

II. SUMMARY OF FISCAL IMPACT

Estimated Fiscal Impact

Affected Agency or Political Subdivision	Estimated Revenue
Acupuncturist Advisory Committee	(\$3,500)
	Estimated Loss of Revenue Biennially for the Life of the Rule

III. WORKSHEET

See Private Entity Fiscal Note

IV. ASSUMPTION

1. The total loss of revenue is based on the cost savings reflected in the Private Entity Fiscal Note filed with this amendment.
2. The committee utilizes a rolling five year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five year analysis, the committee voted on a \$25 reduction in renewal fees.
3. It is anticipated that the total decrease in revenue will recur for the life of the rule, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE FISCAL NOTE**I. RULE NUMBER****Title 20 -Department of Insurance, Financial Institutions and Professional Registration****Division 2015 - Acupuncturist Advisory Committee****Chapter 1 - General Rules****Proposed Amendment to 20 CSR 2015-1.030 Fees****II. SUMMARY OF FISCAL IMPACT**

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the amendment by affected entities:
140	Acupuncturist Biennial Renewal Fee (Decrease @ \$25)	\$3,500
	Estimated Biennial Cost Savings for the Life of the Rule	\$3,500

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The above figures are based on FY19-21 projections and numbers of licenses subject to renewal.
2. It is anticipated that the total fiscal savings will recur for the life of the rule, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
Division 2040—Office of Athletics
Chapter 2—Licenses and Permits

PROPOSED AMENDMENT

20 CSR 2040-2.011 Licenses. The office is amending sections (3)-(5) and adding new section (9).

PURPOSE: This amendment adds amateur kickboxing as prescribed in House Bill 1388 signed into law and effective August 28, 2018 and the expiration date for licenses.

(3) An applicant for a professional boxing, professional wrestling, professional **and amateur** kickboxing, professional full-contact karate, professional mixed martial arts, and amateur mixed martial arts contestant license shall submit to any medical examination or testing ordered by the office.

(4) Each contestant shall consistently use the same name in contests and provide the office with the contestant's legal name and the ring name, if any, to be used in a professional boxing, professional wrestling, professional **and amateur** kickboxing, professional full-contact karate, professional mixed martial arts, and amateur mixed martial arts bout. The inspector may require all contestants to present photo identification prior to competing in the contest.

(5) Licensees must comply with all applicable federal regulations governing professional boxing, professional wrestling, professional **and amateur** kickboxing, professional full-contact karate, professional mixed martial arts, and amateur mixed martial arts.

(9) All licenses expire on June 30 of each even numbered year following the date of issuance.

AUTHORITY: section 317.006, RSMo [2016] Supp. 2018. This rule originally filed as 4 CSR 40-2.011. Original rule filed April 30, 1982, effective Sept. 11, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 28, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of Athletics, PO Box 1335, Jefferson City, MO 65102, by facsimile at 573-751-5649, or via email at athletic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
Division 2040—Office of Athletics
Chapter 2—Licenses and Permits

PROPOSED AMENDMENT

20 CSR 2040-2.021 Permits. The office is amending sections (1) and (2).

PURPOSE: This rule is being amended to implement House Bill 1388 signed into law and effective August 28, 2018 and incorporates permit information from 20 CSR 2040-8.030.

(1) The promoter shall obtain a separate permit for each contest from the office prior to each contest. The request for the permit must be received by the office no later than ten (10) business days before the date of a contest. The office will not approve permits for—

(A) Bouts between members of the opposite sex for professional **and amateur** boxing, professional kickboxing, *[or]* professional full-contact karate, **or professional and amateur mixed martial arts;** *[or]*

(B) Bouts between human contestants and nonhumans<./>; or

(C) **Bouts between professional and amateur contestants;** or

(D) **Contests with more than two (2) contestants competing in the same bout.**

(2) Fees for professional boxing, professional **and amateur** kickboxing, professional full-contact karate, professional mixed martial arts and amateur mixed martial arts permits are twenty-five dollars (\$25) per contest per day. Professional and amateur combined events permit fee is twenty-five dollars (\$25) per contest per day. Fees for wrestling permits are one hundred fifty dollars (\$150) per contest per day.

AUTHORITY: sections 317.006 and 317.011.1, RSMo [2016] Supp. 2018. This rule originally filed as 4 CSR 40-2.021. Original rule filed April 30, 1982, effective Sept. 11, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 28, 2019.

PUBLIC COST: This proposed amendment will increase the fund for the Office of Athletics approximately one hundred twenty-five dollars (\$125) annually for the life of the rule. It is anticipated that this increase will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will cost private entities approximately one hundred twenty-five dollars (\$125) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of Athletics, PO Box 1335, Jefferson City, MO 65102, by facsimile at 573-751-5649, or via email at athletic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

PUBLIC FISCAL NOTE**I. RULE NUMBER****Title 20 -Department of Insurance, Financial Institutions and Professional Registration****Division 2040 - Office of Athletics****Chapter 2 - Licenses and Permits****Proposed Amendment to 20 CSR 2040-2.021 - Permits****II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Increase of Revenue
Office of Athletics	\$125
	Estimated Increased Revenue Annually for the Life of the Rule

III. WORKSHEET

See Private Entity Fiscal Note

IV. ASSUMPTION

1. The total revenue increase is based on the costs to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees.

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration

Division 2040 - Office of Athletics

Chapter 2 - Licenses and Permits

Proposed Amendment to 20 CSR 2040-2.021 - Permits

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost for the life of the rule by affected entities:
5	Event Permit (Fee @ \$25)	\$125
Estimated Cost of Compliance Annually for the Life of the Rule		\$125

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The above figures are based on FY 2019 projections.
2. It is anticipated that the total fiscal costs will occur beginning in FY2019, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
Division 2040—Office of Athletics
Chapter 8—Mixed Martial Arts

PROPOSED RESCISSION

20 CSR 2040-8.020 Licensing. This rule established licensing guidelines and criteria for professional mixed martial arts.

PURPOSE: This rule is being rescinded to consolidate licensure requirements into 20 CSR 2040-2.011.

AUTHORITY: sections 317.001 and 317.006, RSMo 2016. Original rule filed April 3, 2007, effective Oct. 30, 2007. Amended: Filed March 20, 2018, effective Sept. 30, 2018. Rescinded: Filed Feb. 28, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Office of Athletics, PO Box 1335, Jefferson City, MO 65102, by facsimile at 573-751-5649, or via email at athletic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
Division 2040—Office of Athletics
Chapter 8—Mixed Martial Arts

PROPOSED RESCISSION

20 CSR 2040-8.030 Event Permits. This rule established guidelines and criteria for obtaining an event permit for a professional mixed martial arts contest in Missouri.

PURPOSE: This rule is being rescinded and consolidated into 20 CSR 2040-2.021.

AUTHORITY: sections 317.001 and 317.006, RSMo 2016. Original rule filed April 3, 2007, effective Oct. 30, 2007. Amended: Filed March 20, 2018, effective Sept. 30, 2018. Rescinded: Filed Feb. 28, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Office of Athletics, PO Box 1335, Jefferson City, MO 65102, by facsimile at 573-751-5649, or via email at athletic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication

of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
Division 2110—Missouri Dental Board
Chapter 2—General Rules

PROPOSED AMENDMENT

20 CSR 2110-2.010 Licensure by Examination—Dentists. The board is amending subsection (1)(C) and adding new section (5).

PURPOSE: This amendment specifies the skills that a dentist shall be tested on to qualify for licensure.

(1) To qualify for licensure as set out in sections 332.131 and 332.151, RSMo, each applicant shall—

(C) Have passed a state or regional entry-level competency examination (hereinafter referred to as a competency examination) within the previous five (5) years, subject to sections (3) and (5) below of this rule; and

(5) Effective January 1, 2021, competency examinations shall be administered by any of the following: the Central Regional Dental Testing Service (CRDTS), the Commission on Dental Competency Assessments (CDCA), the Western Regional Examining Board (WREB), the Southern Regional Testing Agency (SRTA), the Council of Interstate Testing Agencies (CITA), or by an individual state dental board. The tested procedures are to be patient based, manikin based, or a combination of both.

(A) Applicants for licensure shall obtain a passing score of seventy-five percent (75%) or above in each of the following areas:

1. Periodontics clinical skills testing;
2. Endodontics clinical skills testing;
3. Posterior class II amalgam or posterior class II composite preparation and restoration clinical skills testing;
4. Anterior class III composite preparation and restoration clinical skills testing;
5. Anterior tooth preparation for a single unit crown; and
6. Posterior tooth preparations for use as abutments for a three unit bridge.

(B) In addition to the foregoing requirements an applicant for licensure shall successfully complete written or didactic competency testing from any of the following: the Central Regional Dental Testing Service (CRDTS), the Commission on Dental Competency Assessments (CDCA), the Western Regional Examining Board (WREB), the Southern Regional Testing Agency (SRTA), the Council of Interstate Testing Agencies (CITA), or from an individual state dental board on the following:

1. Removable prosthetics;
2. Diagnosis and treatment planning; and
3. Oral surgery.

(C) Competency examinations administered by one of the foregoing clinical competency testing entities or a state dental board shall provide the following elements:

1. Anonymity between candidates and examination raters;
2. Standardization and calibration of raters; and
3. A mechanism for post-exam analysis.

*AUTHORITY: sections 332.031, 332.141, 332.151, and 332.181, RSMo 2016. This rule originally filed as 4 CSR 110-2.010. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. For intervening history, please consult the *Code of State Regulations*. Amended: Filed*

Feb. 28, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at 573-751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately thirty-seven thousand dollars (\$37,000) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will save private entities approximately thirty-seven thousand dollars (\$37,000) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2150—State Board of Registration for the
Healing Arts**
Chapter 2—Licensing of Physicians and Surgeons

PROPOSED AMENDMENT

20 CSR 2150-2.080 Physician Licensure Fees. The board is amending section (1).

PURPOSE: This rule is being amended to decrease the licensing fees for assistant physicians as passed in Senate Bill 718 (2018) passed by the 99th General Assembly.

(1) The following fees are established by the State Board of Registration for the Healing Arts:

(A) Physician	
1. Assistant Physician	
A. Licensure Fee	[\$300] \$25
B. Renewal Fee	[\$135] \$25
C. Prescriptive Authority Fee	[\$ 50] \$25
2. Contiguous State License	
A. Licensure Fee	\$ 25
B. Renewal Fee	\$ 25
3. Limited License	
A. Licensure Fee	\$ 25
B. Renewal Fee	\$ 25
4. Permanent Physician	
A. Licensure Fee	\$ 75
B. Reinstatement Fee	\$ 75
C. Renewal Fee	\$100
5. Temporary Physician	
A. Conditional Temporary License Fee	\$ 25
B. Temporary License Fee	\$ 25
C. Temporary License Renewal Fee	\$ 25
6. Visiting Professor	
A. Licensure Fee	\$ 25
B. Renewal Fee	\$ 25

AUTHORITY: sections 334.090.2 and 334.125, RSMo 2016. This rule originally filed as 4 CSR 150-2.080. Emergency rule filed July 1, 1981, effective July 11, 1981, expired Nov. 8, 1981. Original rule filed July 14, 1981, effective Oct. 11, 1981. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Feb. 22, 2019, effective March 4, 2010, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

PUBLIC FISCAL NOTE**I. RULE NUMBER****Title 20 -Department of Insurance, Financial Institutions and Professional Registration****Division 2150 - State Board of Registration for the Healing Arts****Chapter 2 - Licensing of Physicians and Surgeons****Proposed Rule - 20 CSR 2150-2.080 Physician Licensure Fees.****II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Loss of Revenue
State Board of Registration for the Healing Arts	\$37,000
Total Loss of Revenue Annually for the Life of the Rule	\$37,000

III. WORKSHEET

See Private Entity Fiscal Note

IV. ASSUMPTIONS

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five-year analysis, the board voted on a reduction in individual annual renewal fees for Board of Registration of Healing Arts licensees.

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration
Division 2150 - State Board of Registration for the Healing Arts
Chapter 2 - Licensing of Physicians and Surgeons
Proposed Rule - 20 CSR 2150-2.080 Physician Licensure Fees.

II. SUMMARY OF FISCAL IMPACT

Classification by types of the business entities which would likely be affected:	Current Fee	Proposed Fee	Estimate of the Number of Affected Entities	Estimated Cost Savings
Assistant Physician Licensure Fee	\$ 300.00	\$ 25.00	70	\$ 19,250.00
Assistant Physician Renewal Fee	\$ 135.00	\$ 25.00	150	\$ 16,500.00
Prescriptive Authority Fee	\$ 50.00	\$ 25.00	50	\$ 1,250.00
Estimated Annual Savings for the Life of the Rule				\$37,000

III. WORKSHEET

See Table Above

IV. ASSUMPTIONS

1. The above figures are based on FY18 actuals and FY19 projections.
2. Individual Board of Healing Arts licensees renew annually. This fiscal note shows the number expected to renew annually.
3. It is anticipated that the total fiscal savings will occur beginning in FY19, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2150—State Board of Registration for the
Healing Arts**
Chapter 2—Licensing of Physicians and Surgeons

PROPOSED AMENDMENT

20 CSR 2150-2.230 Assistant Physician—Continuing Education. The board is amending sections (1) and (2).

PURPOSE: This rule is being amended to reduce the number of continuing education hours required for physician assistants as passed in Senate Bill 718 (2018) passed by the 99th General Assembly.

(1) Each assistant physician shall complete and attest that he or she has completed at least *one hundred (100)* **50** hours of continuing medical education every two (2) years. The reporting period shall end December 31 of the odd numbered year.

(2) In order to count toward the required *one hundred (100)* **50** hours, the continuing education shall be accredited by the American Medical Association (AMA) as Category 1; or by the American Academy of Family Physicians (AAFP) or the American Osteopathic Association (AOA) as Category 1-A or 2-A; or offered by a residency program or hospital-approved by Accreditation Council on Graduate Medical Education (ACGME) of the American Medical Association or the Program and Trainee Review Council of the American Osteopathic Association.

AUTHORITY: section/s] 334.036, RSMo Supp. 2018, and section 334.125, RSMo [Supp. 2014] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2150—State Board of Registration for the
Healing Arts**
Chapter 2—Licensing of Physicians and Surgeons

PROPOSED AMENDMENT

20 CSR 2150-2.240 Assistant Physician Collaborative Practice Agreements. The board is amending the purpose statement and sections (1)–(3).

PURPOSE: This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.

PURPOSE: In accordance with section 334.036, RSMo, this rule defines collaborative practice arrangement terms and implements section 630.875, RSMo related to “Improved Access to Treatment for Opioid Addictions Act” (IATOA).

(1) Geographic areas.

(B) The following shall apply in the use of a collaborative practice arrangement by an assistant physician who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

1. If the collaborating physician and assistant physician are utilizing telehealth in providing services in a medically underserved area no mileage limitation shall apply; or
2. If the assistant physician is not utilizing telehealth in providing services the collaborating physician, or other physician designated in the collaborative practice arrangement, shall be no further than *fifty (50)* **seventy five (75)** miles by road, using the most direct route available, from the collaborating assistant physician $,$; or

3. Pursuant to 630.875 RSMo, an assistant physician collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the “Improved Access to Treatment for Opioid Addictions Program” (IATOAP) in any area of the state and provide all services and functions of an assistant physician. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(C) An assistant physician who desires to enter into a collaborative practice arrangement at a location where the collaborating physician is not continuously present shall practice together at the same location with the collaborating physician continuously present for a period of at least one (1) month before the collaborating assistant physician practices at a location where the collaborating physician is not present. During this one (1) month period, the collaborating physician must review *one hundred percent (100%)* **ten percent (10%)** of the assistant physicians’ patient’s records. It is the responsibility of the collaborating physician to determine and document the completion of the same location practice and records review as described above.

(E) A collaborating physician shall not enter into a collaborative practice arrangement with more than *three (3)* **six (6)** full-time equivalent assistant physicians, **full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof.** This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services **or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in 334.104(7) RSMo.**

(2) Methods of treatment.

(E) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of

drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the United States Pharmacopeia (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrievable dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating assistant physician;

8. In addition to administering and dispensing controlled substances, an assistant physician, who meets the requirements of 20 CSR 2150-2.260, may be delegated the authority to prescribe controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. **When issuing the initial prescription for opioid controlled substance in treating a patient for acute pain, the assistant physician shall comply with requirements set forth in section 195.080, RSMo.** Schedule II (hydrocodone) and Schedule III narcotic controlled substance prescriptions shall be limited to a *[one hundred twenty (120-) hour]* five- (5-) day supply without refill/;. Pursuant to section 334.037, RSMo an assistant physician may prescribe Schedule III - buprenorphine for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.037 and 630.875 RSMo;

9. An assistant physician may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step family members are also included in family;

10. An assistant physician in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

11. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the assistant physician to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

12. The medications to be administered, dispensed, or prescribed by a collaborating assistant physician in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating assistant physician.

(3) Review of Services.

(E) The collaborating physician shall complete a review *[of a minimum]* of ten percent (10%) of the total health care services delivered by the assistant physician. If the assistant physician practice includes the prescribing of controlled substances, the physician shall review a minimum of twenty percent (20%) of the cases in which the assistant physician wrote a prescription for a controlled substance. If the controlled substance chart review meets the minimum total ten percent (10%) as described above, then the minimum review requirements have been met. The assistant physician's documentation shall be submitted for review to the collaborating physician at least every fourteen (14) days. This documentation submission may be accomplished in person or by other electronic means and reviewed by the collaborating physician. The collaborating physician must produce evidence of the chart review upon request of the Missouri State Board of Registration for the Healing Arts. This subsection shall not apply during the time the collaborating physician and assistant physician are practicing together as required in subsection (2)(C) above or 20 CSR 2150-2.240.

AUTHORITY sections 334.036, 334.037, and 630.875, RSMo Supp. 2018, and section 334.125, RSMo /Supp. 2014, and section 334.037, RSMo Supp. 2015/ 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2150—State Board of Registration for the Healing Arts

Chapter 2—Licensing of Physicians and Surgeons

PROPOSED AMENDMENT

**20 CSR 2150-2.250 Assistant Physician /Supervision/—
Collaborative Practice Change Requirements.** The board is amending the title, purpose statement, and section (1) and deleting sections (2) and (3).

PURPOSE: This rule is being amended to implement Senate Bill 718 (2018) passed by the 99th General Assembly.

PURPOSE: This rule provides the requirements and time frames licensees must follow in reporting a change in /supervision/ collaborative practice arrangement.

(1) Licensed assistant physicians who enter a collaborative practice arrangement with a physician or who terminate a collaborative practice arrangement with a physician, for any reason, must submit written notification and the required form to the board within *[fifteen (15)/ thirty (30)* days of such occurrence.

(2) If an assistant physician does not have a collaborative physician within six (6) months of his or her initial licensure, the license shall be void.

(3) If an assistant physician does not have a collaborative physician for any six (6) month period, the license shall be void.]

AUTHORITY: section[s] 334.036, RSMo Supp. 2018, and section 334.125, RSMo [Supp. 2014] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2150—State Board of Registration for the
Healing Arts**
Chapter 2—Licensing of Physicians and Surgeons

PROPOSED AMENDMENT

20 CSR 2150-2.260 Assistant Physician—Certificate of Prescriptive Authority. The board is amending the title and section (1).

PURPOSE: This rule is being amended to implement Senate Bill 718 (2018) passed by the 99th General Assembly with respect to the assistant physician's involvement in the "Improved Access to Treatment for Opioid Addictions Act" (IATOA) and with regard to on-site supervision requirements.

(1) Licensees applying for a certificate of prescriptive authority shall submit—

(C) A supervision verification form, signed by their collaborating physician, stating that the collaborating physician has delegated **to the assistant physician** the authority to prescribe: Schedule II (hydrocodone)-limited to a five- (5-) day supply; Schedule III-limited to a five- (5-) day supply, except that buprenorphine may be prescribed for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician; Schedule IV; or Schedule V [controlled substances to the assistant physician]. The delegated authority to prescribe shall be consistent with each professional's education, knowledge, skill, and competence. Any limitations on the physician's or assistant physician's ability to prescribe shall be listed on the supervision verification form; and

(D) An affidavit completed by their collaborating physician documenting the completion of at least one hundred twenty (120) hours in a four- (4-) month period by the assistant physician during which the assistant physician practiced with the supervising physician con-

tinuously present. Pursuant to section 334.037, RSMo such on-site supervision requirement shall not apply to assistant physicians of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid addiction treatment.

AUTHORITY: sections 334.036 and 334.037, RSMo Sup. 2018, and section 334.125, RSMo [Supp. 2014, and section 334.037, RSMo Supp. 2015] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
**Division 2150—State Board of Registration for the
Healing Arts**
Chapter 5—General Rules

PROPOSED AMENDMENT

20 CSR 2150-5.100 Collaborative Practice Arrangement with Nurses. The board is amending the title, purpose, and sections (2) and (3).

PURPOSE: This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.

PURPOSE: In accordance with section 334.104, RSMo, this rule defines collaborative practice arrangement terms and delimits geographic areas; methods of treatment; review of services; and drug/device dispensing or distribution pursuant to prescription and implements the Utilization of Telehealth by Nurses as required by section 335.175, RSMo and APRN involvement in the "Improved Access to Treatment for Opioid Addictions Act" (IATOA) pursuant to sections 334.104 and 630.875, RSMo.

(2) Geographic Areas.

(B) The following shall apply in the use of a collaborative practice arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or

chronically ill or injured persons:

1. If the APRN is providing services pursuant to section 335.175, RSMo, no mileage limitation shall apply;
2. If the APRN is not providing services pursuant to section 335.175, RSMo, and is practicing the collaborating physician and collaborating APRN shall practice within seventy-five (75) miles by road of one another.
3. Pursuant to **630.875, RSMo**, an APRN collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the "Improved Access to Treatment for Opioid Addictions Program" (IATOAP) in any area of the state and provide all services and functions of an APRN. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(D) A collaborating physician shall not enter into a collaborative practice arrangement with more than *three (3)* six (6) full-time equivalent APRNs, **full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof**. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule **or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in 334.104(7), RSMo**.

(3) Methods of Treatment.

(G) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;
2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the United States Pharmacopeia (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrievable dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating APRN;

8. An RN shall not, under any circumstances, prescribe drugs. The administering or dispensing of a controlled substance by an RN or APRN who has not been delegated authority to prescribe in a collaborative practice arrangement, pursuant to 19 CSR 30-1.066, shall be accomplished only under the direction and supervision of the collaborating physician, or other physician designated in the collaborative practice arrangement, and shall only occur on a case-by-case determination of the patient's needs following verbal consultation between the collaborating physician and collaborating RN or APRN. The required consultation and the physician's directions for the administering or dispensing of controlled substances shall be recorded in the patient's chart and in the appropriate dispensing log. These recordings shall be made by the collaborating RN or APRN and shall be cosigned by the collaborating physician following a review of the records;

9. In addition to administering and dispensing controlled sub-

stances, an APRN, as defined in section 335.016, RSMo, may be delegated the authority to prescribe controlled substances listed in **Schedule II-hydrocodone and Schedules III, IV, and V** of section 195.017, RSMo in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in **Schedule II-hydrocodone and Schedules III, IV, and V** of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. **When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the APRN shall comply with requirements set forth in section 195.080, RSMo.** Schedule II-hydrocodone and Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty- (120)-/- hour supply without refill. **An APRN may prescribe buprenorphine, a Schedule III controlled substance, for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.104 and 630.875, RSMo;**

10. An APRN may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step members are also included in family;

11. An APRN or RN in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

12. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the collaborating APRN to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

13. The medications to be administered, dispensed, or prescribed by a collaborating RN or APRN in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating RN or APRN.

AUTHORITY: sections *[334.104.3, 335.036, 334.125 and 335.175, RSMo [Supp. 2013] 2016, and sections [334.125] 334.104.3 and 335.036, RSMo Supp. [2014] 2018.* This rule originally filed as 4 CSR 200-4.200. Original rule filed Jan. 29, 1996, effective Sept. 30, 1996. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments

must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2150—State Board of Registration for the
Healing Arts**

Chapter 7—Licensing of Physician Assistants

PROPOSED AMENDMENT

20 CSR 2150-7.130 Applicants for Certificate of Controlled Substance Prescriptive Authority. The board is amending section (5).

PURPOSE: This rule is being amended to implement Senate Bill 718 (2018) passed by the 99th General Assembly.

(5) Applicants shall file with the board a supervision verification form, signed by their supervising physician, stating that the supervising physician has delegated to the physician assistant the authority to prescribe [*Schedule III, IV, or V controlled substances to the physician assistant.*]: Schedule II-hydrocodone prescription shall be limited to a five- (5-) day supply; Schedule III-limited to a five-(5-) day supply, except buprenorphine can be prescribed for up to a thirty- (30-) day supply without refill for patients receiving medication assisted treatment for substance use disorders under the direction of the collaborating or supervising physician pursuant to section 334.747, RSMo; Schedule IV; or Schedule V. The delegated authority to prescribe shall be consistent with each professional's education, knowledge, skill, and competence. Any limitations on the physician's or physician assistant's ability to prescribe shall be listed on the supervision verification form.

AUTHORITY: sections 334.125, 334.736, 334.738, and 334.743, RSMo [2000] 2016, and sections 334.735 and 334.747, RSMo Supp. [2010] 2018. Original rule filed Nov. 1, 2010, effective June 30, 2011. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.*

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 2150—State Board of Registration for the
Healing Arts**

Chapter 7—Licensing of Physician Assistants

PROPOSED AMENDMENT

20 CSR 2150-7.135 Physician Assistant Supervision Agreements. The board is amending the purpose statement, adding new sections (6), (8), and (9), and renumbering as necessary.

PURPOSE: This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.

PURPOSE: This rule defines the terms used throughout this chapter as applicable to physician assistants, specifies the requirements for supervision agreements and practice of a physician assistant pursuant to a supervision agreement pursuant to section 334.735, RSMo, and physician assistant involvement in the "Improved Access to Treatment for Opioid Addictions Act" (IATOA) pursuant to section 630.875, RSMo.

(6) In addition to administering and dispensing controlled substances, a physician assistant, who meets the requirements of 20 CSR 2150-7.130, may be delegated the authority to prescribe controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, in a written supervision agreement, except that, the supervision agreement shall not delegate the authority to administer any controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the physician assistant shall comply with requirements set forth in section 195.080, RSMo. Schedule II (hydrocodone) and Schedule III narcotic controlled substance prescriptions shall be limited to a five- (5-) day supply without refill. Pursuant to section 334.747, RSMo, a physician assistant may prescribe Schedule III buprenorphine for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.735 and 630.875, RSMo.

(7) It is the responsibility of the supervising physician to determine and document the completion of a one- (1-) month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present. A one- (1-) month period shall consist of a minimum of one hundred (100) hours in a consecutive thirty- (30-) day period.

(8) The following shall apply in the use of a supervision agreement by a physician assistant who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

(A) If the collaborating physician and physician assistant are utilizing telehealth in providing services in medically underserved area as defined in 20 CSR 2150-2.001(11), no mileage limitation shall apply;

(B) If the physician assistant is providing services pursuant to section 334.735.2(2), RSMo, no supervision requirements in addition to the minimum federal law shall be required;

(C) If the collaborating physician and physician assistant are not utilizing telehealth in providing services in the medically

underserved area, the practice location where the collaborating physician, or other physician designated in the collaborative practice agreement, shall be no further than seventy-five (75) miles by road, using the most direct route available, from the collaborating physician assistant;

(D) If the physician assistant is collaborating with a physician who is waiver-certified for the use of buprenorphine, pursuant to section 630.875 RSMo, the physician assistant may participate in the "Improved Access to Treatment for Opioid Addictions Program" (IATOAP) in any area of the state and provide all services and functions of a physician assistant. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(9) Pursuant to section 334.104, RSMo, a supervising physician shall not enter into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in section 334.104(7), RSMo.

((7)) (10) It is the responsibility of the supervising physician and licensed physician assistant to jointly review and document the work, records, and practice activities of the licensed physician assistant at least once every two (2) weeks. The supervising physician must review a minimum of ten percent (10%) of the physician assistant's patients' records every two (2) weeks and have documentation supporting the review. For nursing home practice, such review shall occur at least once a month. The documentation of this review shall be available to the Board of Registration for the Healing Arts for review upon request.

((8)) (11) If any provisions of these rules are deemed by the appropriate federal or state authority to be inconsistent with guidelines for federally funded clinics, individual provisions of these rules shall be considered severable and supervising physicians and licensed physician assistants practicing in such clinics shall follow the provisions of such federal guidelines in these instances. However, the remainder of the provisions of these rules not so affected shall remain in full force and effect for such practitioners.

AUTHORITY: section 334.735, RSMo Supp. [2017] 2018. This rule originally filed as 4 CSR 150-7.135. Original rule filed Jan. 3, 1997, effective July 30, 1997. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this

notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
Division 2200—State Board of Nursing
Chapter 4—General Rules

PROPOSED AMENDMENT

20 CSR 2200-4.200 Collaborative Practice. The board is amending the purpose statement and sections (2) and (3).

PURPOSE: *This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.*

PURPOSE: *In accordance with section 334.104, RSMo, this rule defines collaborative practice arrangement terms and delimits geographic areas; methods of treatment; review of services; and drug/device dispensing or distribution pursuant to prescription and implements the Utilization of Telehealth by Nurses as required by section 335.175, RSMo and APRN involvement in the "Improved Access to Treatment for Opioid Addictions Act" (IATOA) pursuant to sections 334.104 and 630.875, RSMo.*

(2) Geographic Areas.

(B) The following shall apply in the use of a collaborative practice arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

1. If the APRN is providing services pursuant to section 335.175, RSMo, no mileage limitation shall apply;
2. If the APRN is not providing services pursuant to section 335.175, RSMo, the collaborating physician and collaborating APRN shall practice within seventy-five (75) miles by road of one another./; and

3. Pursuant to section 630.875, RSMo, an APRN collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the "Improved Access to Treatment for Opioid Addictions Program" (IATOAP) in any area of the state and provide all services and functions of an APRN. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(D) A collaborating physician shall not enter into a collaborative practice arrangement with more than [three (3)] six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in section 334.104(7),

RSMo.

(3) Methods of Treatment.

(G) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the *United States Pharmacopeia* (USP), (2010), published by the United States Pharmacopeia Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrievable dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating APRN;

8. An RN shall not, under any circumstances, prescribe drugs. The administering or dispensing of a controlled substance by an RN or APRN who has not been delegated authority to prescribe in a collaborative practice arrangement, pursuant to 19 CSR 30-1.066, shall be accomplished only under the direction and supervision of the collaborating physician, or other physician designated in the collaborative practice arrangement, and shall only occur on a case-by-case determination of the patient's needs following verbal consultation between the collaborating physician and collaborating RN or APRN. The required consultation and the physician's directions for the administering or dispensing of controlled substances shall be recorded in the patient's chart and in the appropriate dispensing log. These recordings shall be made by the collaborating RN or APRN and shall be cosigned by the collaborating physician following a review of the records;

9. In addition to administering and dispensing controlled substances, an APRN, as defined in section 335.016, RSMo, may be delegated the authority to prescribe controlled substances listed in **Schedule II-hydrocodone and Schedules III, IV, and V** of section 195.017, RSMo, in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in **Schedule II-hydrocodone and Schedules III, IV, and V** of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. **When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the APRN shall comply with requirements set forth in section 195.080, RSMo.** **Schedule II-hydrocodone and Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty- (120)-/1 hour supply without refill. An APRN may prescribe buprenorphine, a Schedule III controlled substance, for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.104 and 630.875, RSMo;**

10. An APRN may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-

grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step members are also included in family;

11. An APRN or RN in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

12. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the collaborating APRN to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

13. The medications to be administered, dispensed, or prescribed by a collaborating RN or APRN in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating RN or APRN.

AUTHORITY: sections 334.104.3, 334.125, 335.036, and 335.175, RSMo 2016. This rule originally filed as 4 CSR 200-4.200. Original rule filed Jan. 29, 1996, effective Sept. 30, 1996. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2263—State Committee for Social Workers Chapter 2—Licensure Requirements

PROPOSED RESCISISON

20 CSR 2263-2.020 Educational Requirements for Licensed Social Workers. This rule defined the educational requirements for an applicant for social work licensure, registration of supervision, and reciprocity.

PURPOSE: This rule is being rescinded as the educational requirements are set forth in the statutes.

AUTHORITY: sections 337.612, 337.615, and 337.627, RSMo Supp. 2009. This rule originally filed as 4 CSR 263-2.020. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the **Code of State Regulations**. Rescinded: Filed Feb. 22, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the State Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at lcs@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
Division 2263—State Committee for Social Workers
Chapter 2—Licensure Requirements

PROPOSED AMENDMENT

20 CSR 2263-2.030 Supervised Licensed Social Work Experience. The committee is amending sections (1) and (4).

PURPOSE: This rule defines supervised licensed social work experience and sets out the supervised experience requirements for licensed clinical social workers and licensed baccalaureate social workers.

(1) Supervision of the applicant for licensure shall not begin, and will only be acceptable to the committee, after the *[satisfactory completion of the educational requirements as set forth in the rules promulgated by the committee]* issuance of the license as a master social worker or licensed baccalaureate social worker.

(4) An application for licensure must be submitted pursuant to the rules promulgated by the committee upon completion of the supervised social work experience. All applicants **working clinically** for licensure must remain under approved supervision until the license is approved by the committee.

AUTHORITY: section[s] 337.600, **RSMo 2016**, and sections 337.612, 337.615, 337.627, 337.662, and 337.665, **RSMo Supp. [2009] 2018**. This rule originally filed as 4 CSR 263-2.030. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at lcs@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
Division 2263—State Committee for Social Workers
Chapter 2—Licensure Requirements

PROPOSED AMENDMENT

20 CSR 2263-2.032 Registration of Supervised Social Work Experience. The committee is amending sections (3) and (10).

PURPOSE: This amendment updates the requirements for registering clinical social work experience.

(3) The applicant for registration of supervision shall—
(B) Submit a completed registration of supervision form provided by the committee; **and**

(C) Submit a copy of a contract negotiated between the applicant and the proposed supervisor. However, should the contract be terminated before the completion of the minimum hours required, the supervisee is responsible for negotiating a new contract and obtaining all evaluation and termination forms required to document prior supervision. Such a contract shall not be valid if the supervisor and supervisee have a relationship that could affect the employment or benefits of the supervisor, and the relationship could, in any way, bias or compromise the supervisor's evaluation of the supervisee; and

(D) (C) Pay the one- (1-) time registration of supervision fee as prescribed by the committee.

(10) Because the difficulties in confirming or verifying supervision increase dramatically over time, supervision will not be recognized if it occurred more than *[sixty (60)] forty-eight (48)* calendar months prior to the application for licensure being filed.

AUTHORITY: section[s] 337.600, **RSMo 2016**, and sections 337.612, 337.615, 337.627, and 337.665, **RSMo Supp. [2009] 2018**. This rule originally filed as 4 CSR 263-2.032. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at lcs@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
Division 2263—State Committee for Social Workers
Chapter 2—Licensure Requirements

PROPOSED AMENDMENT

20 CSR 2263-2.050 Application for Licensure as a Social Worker. The committee is amending sections (2) and (4).

PURPOSE: This amendment updates the requirements for applying for licensure.

(2) An application for licensure is not considered officially filed with the committee until it has been determined by the committee staff to be complete and the application is submitted on the form(s) provided by the committee. The application shall be *[typewritten or printed legibly in black ink, signed, notarized, and]* accompanied by the application fee as set forth in the rules promulgated by the committee.

(4) The following documents shall be on file for an application to be considered complete and officially filed:

(D) Verification of a passing score, as determined by the committee, on the examination administered by the Association of Social Work Boards (ASWB). Verification of score(s) shall be sent directly to the committee office by the ASWB. The required examinations are—

1. Licensed baccalaureate social worker—bachelors examination;
 2. Licensed baccalaureate social worker independent practice—bachelors examination;
 3. Licensed master social worker—masters examination./];
[A. A clinical examination taken by a person who has registered supervision before April 30, 2010, and has not been issued a provisional licensed clinical social worker license is acceptable;]
 4. Licensed advanced macro social worker—advanced generalist examination.
 - A. An examination taken before the completion of at least two thousand two hundred fifty (2,250) hours and eighteen (18) months of the supervised work experience is not acceptable; and
 5. Licensed clinical social worker—clinical examination.
- A. An examination taken before the completion of at least two thousand two hundred fifty (2,250) hours and eighteen (18) months of the supervised work experience is not acceptable;

AUTHORITY: sections 337.600¹, 337.612, 337.615, 337.627, and 337.630, RSMo 2016, and sections 337.612, 337.615, and 337.627, RSMo Supp. 2018. This rule originally filed as 4 CSR 263-2.050. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at lcsw@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2263—State Committee for Social Workers Chapter 2—Licensure Requirements

PROPOSED AMENDMENT

20 CSR 2263-2.060 Licensure by Reciprocity. The committee is

amending section (1).

PURPOSE: This rule provides information to those desiring licensure by reciprocity.

(1) The committee may issue a license by reciprocity to individuals who meet the licensure requirements as set forth in the rules promulgated by the committee and provide the following:

(C) Verification form provided by the committee to be completed by the regulatory entity verifying that the individual holds a valid, unexpired active license as a social worker in that state, or territory, province, or country whose licensing or certification requirements at the time the application is submitted to the committee are substantially similar to those in Missouri and verification that the individual has engaged in the active practice of social work for at least three (3) of the past five (5) years. The applicant has the burden of providing the information necessary for determination of this issue.

[1. The applicant for licensure by reciprocity shall furnish to the committee true and accurate copies of the licensure law from the state in which he/she is licensed and/or certified;]

AUTHORITY: sections 337.600¹, 337.612, 337.615, 337.627, and 337.630, RSMo 2016, and sections 337.612, 337.615, and 337.627, RSMo Supp. 2018. This rule originally filed as 4 CSR 263-2.060. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at lcsw@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2263—State Committee for Social Workers Chapter 2—Licensure Requirements

PROPOSED AMENDMENT

20 CSR 2263-2.075 Renewal of License. The committee is deleting section (3) and renumbering as necessary.

PURPOSE: This amendment removes unnecessary language.

[3) Each licensee shall notify the committee in writing within thirty (30) days of any change relating to rules promulgated by the committee occurring during the renewal period.]

[4]3) Any licensee who fails to timely renew shall not perform any act for which a license is required during the expired, lapsed, or inactive period.

AUTHORITY: sections 337.600¹, 337.612, 337.618, 337.627, and 337.630, RSMo [Supp. 2009] 2016, and sections 337.612,

337.618, and 337.627, RSMo Supp. 2018. This rule originally filed as 4 CSR 263-2.075. Original rule filed Jan. 20, 1999, effective July 30, 1999. Amended: Filed Oct. 30, 2002, effective June 30, 2003. Moved to 20 CSR 2263-2.075, effective Aug. 28, 2006. Amended: Filed Aug. 27, 2009, effective April 30, 2010. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at lcsn@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
Division 2263—State Committee for Social Workers
Chapter 2—Licensure Requirements

PROPOSED AMENDMENT

20 CSR 2263-2.090 Inactive Status. The board is amending section (5).

PURPOSE: This amendment removes outdated language.

(5) If an inactive licensee wishes to return a license to active status, the licensee shall complete a renewal form and pay the renewal fee as stated in the rules promulgated by the committee. In addition the licensee shall:—

(A) Furnish evidence of completion of at least thirty (30) hours of continuing education within the prior two (2) years, or agree to complete thirty (30) hours within one (1) calendar year from the date of reactivation; or,

[(B) Successfully complete the examination required for licensure.]

AUTHORITY: section 337.600, RSMo [Supp. 2009] 2016. This rule originally filed as 4 CSR 263-2.090. Original rule filed March 15, 2004, effective Sept. 30, 2004. Moved to 20 CSR 2263-2.090, effective Aug. 28, 2006. Amended: Filed Aug. 11, 2006, effective Jan. 30, 2007. Amended: Filed Aug. 27, 2009, effective April 30, 2010. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at lcsn@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

Division 2263—State Committee for Social Workers
Chapter 3—Ethical Standards/Disciplinary Rules

PROPOSED AMENDMENT

20 CSR 2263-3.100 Confidentiality. The committee is adding section (7)

PURPOSE: This amendment adds a guideline for the use of electronic media.

(7) Social workers who use social media and/or other electronic means of communication and/or recordkeeping must ensure that all use of electronic communication and recordkeeping comply with all ethical duties and with all relevant statutes and regulations.

AUTHORITY: sections 337.600, [337.615, 337.627,] and 337.630, RSMo 2016, and sections 337.615, 337.627, and 337.665, RSMo Supp. [2009] 2018. This rule originally filed as 4 CSR 263-3.100. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 22, 2019.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at lcsn@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order or rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

Title 1—OFFICE OF ADMINISTRATION
Division 10—Commissioner of Administration
Chapter 3—Preapproval of Claims and Accounts

ORDER OF RULEMAKING

By the authority vested in the Commission of Administration under section 33.030, RSMo 2016, the commissioner amends a rule as follows:

1 CSR 10-3.010 Preapproval of Claims/Accounts and Direct Deposit: Definitions/Examples is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3205–3208). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 1—OFFICE OF ADMINISTRATION
Division 10—Commissioner of Administration
Chapter 4—Vendor Payroll Deduction Regulations

ORDER OF RULEMAKING

By the authority vested in the Commission of Administration under section 33.103, RSMo 2016, the commissioner rescinds a rule as follows:

1 CSR 10-4.010 State of Missouri Vendor Payroll Deductions is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3208). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 1—OFFICE OF ADMINISTRATION
Division 10—Commissioner of Administration
Chapter 7—Missouri Accountability Portal

ORDER OF RULEMAKING

By the authority vested in the Commission of Administration under section 33.087, RSMo 2016, the commission amends a rule as follows:

1 CSR 10-7.010 Missouri Accountability Portal is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3209–3210). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 1—OFFICE OF ADMINISTRATION
Division 10—Commissioner of Administration
Chapter 8—Direct Deposit of Payroll Requirements

ORDER OF RULEMAKING

By the authority vested in the Commission of Administration under section 33.155, RSMo 2016, the commissioner amends a rule as follows:

1 CSR 10-8.010 Direct Deposit of Payroll Requirements is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3210). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 1—OFFICE OF ADMINISTRATION
Division 10—Commissioner of Administration
Chapter 9—Requirements for Direct Deposit of Vendor Payments

ORDER OF RULEMAKING

By the authority vested in the Commission of Administration under

section 33.155, RSMo 2016, the commissioner rescinds a rule as follows:

1 CSR 10-9.010 Requirements for Direct Deposit of Vendor Payments is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3210-3211). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION
Division 10—Commissioner of Administration
Chapter 11—Travel Regulations**

ORDER OF RULEMAKING

By the authority vested in the Commission of Administration under section 33.090, RSMo 2016, the commissioner amends a rule as follows:

1 CSR 10-11.010 State of Missouri Travel Regulations is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3211-3214). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION
Division 10—Commissioner of Administration
Chapter 11—Travel Regulations**

ORDER OF RULEMAKING

By the authority vested in the Commission of Administration under section 33.095, RSMo 2016, the commissioner rescinds a rule as follows:

1 CSR 10-11.020 County Travel Regulations, Mileage Allowance is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3214). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION
Division 10—Commissioner of Administration
Chapter 11—Travel Regulations**

ORDER OF RULEMAKING

By the authority vested in the Commission of Administration under

section 33.095, RSMo 2016, the commissioner rescinds a rule as follows:

1 CSR 10-11.030 State of Missouri Vehicular Travel Regulations is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3214). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION
Division 10—Commissioner of Administration
Chapter 13—Missouri Lottery Payment of Prizes**

ORDER OF RULEMAKING

By the authority vested in the Commission of Administration under section 313.321, RSMo 2016, the commissioner rescinds a rule as follows:

1 CSR 10-13.010 Missouri Lottery Payment of Prizes is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3214-3215). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 1—OFFICE OF ADMINISTRATION
Division 10—Commissioner of Administration
Chapter 16—Convention and Sports Complex Regulations**

ORDER OF RULEMAKING

By the authority vested in the Commission of Administration under section 33.040, RSMo 2016, the commissioner amends a rule as follows:

1 CSR 10-16.010 Convention and Sports Complex is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2018 (43 MoReg 3215). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 11—Wildlife Code: Special Regulations for Department Areas**

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections

40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-11.205 is amended.

This rule sets season dates for fish taken from waters of the state and is exempted by section 536.021, RSMo 2016, from the requirements for filing as a proposed amendment.

3 CSR 10-11.205 Fishing, Methods and Hours

(5) On Reed (James A.) Memorial Wildlife Area:

(A) Fishing is permitted only on designated waters from 6:00 a.m. to 9:00 p.m. daily from the second Sunday in March to the first Sunday in November, and from 6:00 a.m. to 6:00 p.m. daily during the remainder of the year.

(7) On Lost Valley Fish Hatchery, fishing is permitted only on designated waters from 9:00 a.m. to 4:00 p.m. Tuesday through Saturday from March 1 through November 30. Fishing is restricted to persons fifteen (15) years of age or younger and not more than one (1) pole and line may be used by any one (1) person at any time.

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo 2016.

This amendment was filed March 1, 2019, becomes effective **March 15, 2019**.

Title 3—DEPARTMENT OF CONSERVATION

Division 10—Conservation Commission

Chapter 11—Wildlife Code: Special Regulations for Department Areas

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-11.210 is amended.

This rule sets daily and possession limits for fish taken from waters of the state and is exempted by section 536.021, RSMo 2016, from the requirements for filing as a proposed amendment.

3 CSR 10-11.210 Fishing, Daily and Possession Limits

(8) The daily limit for fish other than those designated as endangered in 3 CSR 10-4.111 or defined as game fish shall be ten (10) in the aggregate on the following department areas:

- (C) Daniel Boone Conservation Area
- (D) Logan (William R.) Conservation Area
- (E) Port Hudson Lake Conservation Area
- (F) Reed (James A.) Memorial Wildlife Area
- (G) Reifsnyder (Frank, Emma Elizabeth and Edna) State Forest
- (H) Weldon Spring Conservation Area
- (I) White (William G. and Erma Parke) Memorial Wildlife Area

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo 2016.

This amendment was filed March 1, 2019, becomes effective **March 15, 2019**.

Title 3—DEPARTMENT OF CONSERVATION

Division 10—Conservation Commission

Chapter 12—Wildlife Code: Special Regulations for Areas Owned by Other Entities

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-12.140 is amended.

This rule sets daily limits for fish taken from waters of the state and is exempted by section 536.021, RSMo 2016, from the requirements for filing as a proposed amendment.

3 CSR 10-12.140 Fishing, Daily and Possession Limits

(8) The daily limit for fish other than those species listed as endangered in 3 CSR 10-4.111 or defined as game fish is twenty (20) in the aggregate, except on the following lakes where the daily limit is ten (10) in the aggregate, and except for those fish included in section (7) of this rule:

- (B) Columbia (Stephens Park Lake);
- (C) Cuivre River State Park (Lake Lincoln);
- (D) Fenton (Preslar Lake, Upper Fabick Lake, Westside Park Lake);
- (E) Ferguson (January-Wabash Lake);
- (F) Jennings (Koeneman Park Lake);
- (G) Kirkwood (Walker Lake);
- (H) Mineral Area College (Quarry Pond);
- (I) Overland (Wild Acres Park Lake);
- (J) Potosi (Roger Bilderback Lake);
- (K) St. Charles (Fountain Lakes Pond, Kluesner Lake, Moore Lake, Skate Park Lake);
- (L) St. Louis (Benton Park Lake, Boathouse Lake, Fairgrounds Park Lake, Horseshoe Lake, Hyde Park Lake, Jefferson Lake, Lafayette Park Lake, North Riverfront Park Lake, O'Fallon Park Lake, North Lake, South Lake);
- (M) St. Louis County (Bee Tree Park Lake, Blackjack Lake, Carp Lake, Creve Coeur Park Lake, Fountain Lake, Island Lake, Jarville Lake, Simpson Park Lake, Spanish Lake, Sunfish Lake, Tilles Park Lake);
- (N) Union (Union City Lake);
- (O) University of Missouri (McCredie Lake);
- (P) Watershed Committee of the Ozarks (Valley Water Mill Lake); and
- (Q) Wentzville (Community Club Lake, Heartland Lake).

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo 2016.

This amendment was filed March 1, 2019, becomes effective **March 15, 2019**.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 80—Economic Development Programs

Chapter 1—Organizational Structure

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 536.023, RSMo 2016, the department rescinds a rule as follows:

4 CSR 80-1.010 General Organization is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3059). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

**Division 80—Economic Development Programs
Chapter 2—Municipal Bonds for Industrial Development**

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 100.050, RSMo Supp. 2018, the department rescinds a rule as follows:

4 CSR 80-2.010 Municipal Bonding for Industrial Development is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3059). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

**Division 80—Economic Development Programs
Chapter 2—Municipal Bonds for Industrial Development**

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 100.050, RSMo Supp. 2018, the department rescinds a rule as follows:

4 CSR 80-2.020 Approval of Plan to Issue Municipal Bonds for Industrial Development Projects is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3059–3060). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

**Division 80—Economic Development Programs
Chapter 2—Municipal Bonds for Industrial Development**

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 100.050, RSMo Supp. 2018, the department rescinds

a rule as follows:

4 CSR 80-2.030 Preparation of the Lease Agreement is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3060). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

**Division 80—Economic Development Programs
Chapter 5—Business Use Incentives for Large-Scale Development**

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 100.730, RSMo 2016, the department amends a rule as follows:

4 CSR 80-5.010 Definitions is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3060–3061). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Economic Development received one (1) comment from a staff member.

COMMENT #1: A staff member respectfully requested that the division name on the final order be written as “Division 80—Economic Development Programs.”

RESPONSE AND EXPLANATION OF CHANGE: The department agrees and will be changing the division title.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

**Division 80—Economic Development Programs
Chapter 5—Business Use Incentives for Large-Scale Development**

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 100.730, RSMo 2016, the department rescinds a rule as follows:

4 CSR 80-5.020 Determination of Eligible Industries and Projects is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3061). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
Division 80—Economic Development Programs
Chapter 7—Certified Capital Companies

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 135.529, RSMo 2016, the department rescinds a rule as follows:

4 CSR 80-7.010 Definitions is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3061). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
Division 80—Economic Development Programs
Chapter 7—Certified Capital Companies

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 135.529, RSMo 2016, the department rescinds a rule as follows:

4 CSR 80-7.020 Procedures is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3061). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
Division 80—Economic Development Programs
Chapter 7—Certified Capital Companies

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 135.529, RSMo 2016, the department rescinds a rule as follows:

4 CSR 80-7.030 Applications is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3061–3062). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
Division 80—Economic Development Programs
Chapter 7—Certified Capital Companies

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 135.529, RSMo 2016, the department rescinds a rule as follows:

4 CSR 80-7.040 Tax Credits; Continuance of Certification; Qualifying a Missouri Small Business; and IRR Determination is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3062). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
Division 85—Division of Business and Community Services
Chapter 2—Neighborhood Assistance Tax Credit Program

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 32.110, RSMo 2016, the department amends a rule as follows:

4 CSR 85-2.010 General is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3062). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
Division 85—Division of Business and Community Services
Chapter 2—Neighborhood Assistance Tax Credit Program

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 32.110, RSMo 2016, the department rescinds a rule as follows:

4 CSR 85-2.015 Economic Development is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3062–3063). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

State Regulations.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 85—Division of Business and Community
Services**

Chapter 2—Neighborhood Assistance Tax Credit Program

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 32.110, RSMo 2016, the department amends a rule as follows:

4 CSR 85-2.020 Preparation of Application for the Neighborhood Assistance Program is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3063–3064). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 85—Division of Business and Community
Services**

Chapter 2—Neighborhood Assistance Tax Credit Program

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 32.115, RSMo 2016, the department amends a rule as follows:

**4 CSR 85-2.030 Approval and Notification for Tax Credits to
Business Firms is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3064–3065). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 85—Division of Business and Community
Services**

Chapter 2—Neighborhood Assistance Tax Credit Program

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 32.115, RSMo 2016, the department rescinds a rule as

follows:

4 CSR 85-2.040 Issuing of the Tax Credit is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3065). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 85—Division of Business and Community
Services**

**Chapter 6—Recovery Zone Bond Allocation, Waiver, and
Reallocation**

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 108.1010, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 85-6.010 Recovery Zone Bond Allocation, Waiver, and
Reallocation is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3065). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 85—Division of Business and Community
Services**

Chapter 7—Entrepreneurial Development Council

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 536.023, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 85-7.010 Entrepreneurial Development Council
is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3065–3066). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
Division 195—Division of Workforce Development
Chapter 1—Organization

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 620.010, RSMo 2016, the department amends a rule as follows:

4 CSR 195-1.010 General Organization is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3066). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
Division 195—Division of Workforce Development
**Chapter 2—General Rules, Missouri Job Development
Fund Training Programs**

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 536.023, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 195-2.010 New or Expanding Industry Training Program
is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3066). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
Division 195—Division of Workforce Development
**Chapter 2—General Rules, Missouri Job Development
Fund Training Programs**

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 536.023, RSMo 2016, the department rescinds a rule as follows:

4 CSR 195-2.020 Basic Industry Retraining Program is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3066-3067). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
Division 195—Division of Workforce Development
**Chapter 2—General Rules, Missouri Job Development
Fund Training Programs**

ORDER OF RULEMAKING

By the authority vested in the Department of Economic Development under section 536.023, RSMo 2016, the department rescinds a rule as follows:

**4 CSR 195-2.030 Missouri Job Training Joint Legislative Oversight
Committee is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3067). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
Division 195—Division of Workforce Development
**Chapter 3—General Rules, Missouri Bond-Funded
Industry Training Programs**

ORDER OF RULEMAKING

By the authority vested in the Director of Workforce Development under section 620.803, RSMo 2016, the director rescinds a rule as follows:

4 CSR 195-3.010 New Jobs Training Program is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3067). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
Division 195—Division of Workforce Development
**Chapter 3—General Rules, Missouri Bond-Funded
Industry Training Programs**

ORDER OF RULEMAKING

By the authority vested in the Director of Workforce Development under section 620.803, RSMo 2016, the director rescinds a rule as follows:

4 CSR 195-3.020 Job Retention Training Program is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3067). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State*

Regulations.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 195—Division of Workforce Development
Chapter 4—General Rules, Missouri Youth Service and
Conservation Corps Programs**

ORDER OF RULEMAKING

By the authority vested in the Director of Workforce Development under section 620.566, RSMo 2016, the director rescinds a rule as follows:

4 CSR 195-4.010 The Missouri Youth Service and Conservation Corps is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3067-3068). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 195—Division of Workforce Development
Chapter 5—General Rules, Individual Training Account
Program**

ORDER OF RULEMAKING

By the authority vested in the Director of Workforce Development under section 536.023, RSMo 2016, the director rescinds a rule as follows:

4 CSR 195-5.010 Purpose; Business Eligibility is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3068). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 195—Division of Workforce Development
Chapter 5—General Rules, Individual Training Account
Program**

ORDER OF RULEMAKING

By the authority vested in the Director of Workforce Development under section 536.023, RSMo 2016, the director rescinds a rule as follows:

**4 CSR 195-5.020 Application to Participate and Qualifications for
Tax Credits is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3068). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 195—Division of Workforce Development
Chapter 5—General Rules, Individual Training Account
Program**

ORDER OF RULEMAKING

By the authority vested in the Director of Workforce Development under section 536.023, RSMo 2016, the director rescinds a rule as follows:

4 CSR 195-5.030 Employee/Trainee Eligibility is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3068). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 5—DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION**

**Division 20—Division of Learning Services
Chapter 100—Office of Quality Schools**

ORDER OF RULEMAKING

By the authority vested in the State Board of Education (board) under sections 161.092, 163.011, 163.031, 167.227, and 178.280, RSMo 2016, and section 163.021, RSMo Supp. 2018, the board amends a rule as follows:

**5 CSR 20-100.160 Policies and Standards for Summer School
Programs is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3068-3070). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 5—DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION**

**Division 20—Division of Learning Services
Chapter 100—Office of Quality Schools**

ORDER OF RULEMAKING

By the authority vested in the State Board of Education (board) under section 161.092, RSMo 2016, and section 160.545, RSMo Supp.

2018, the board amends a rule as follows:

5 CSR 20-100.200 A+ Schools Program is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3070-3071). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 5—DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION**
**Division 30—Division of Financial and Administrative
Services**
Chapter 345—Missouri School Improvement Program

ORDER OF RULEMAKING

By the authority vested in the State Board of Education (board) under section 161.092, RSMo 2016, the board amends a rule as follows:

**5 CSR 30-345.030 Metropolitan School District Retired Teacher
Program is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3071-3072). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 6—DEPARTMENT OF HIGHER EDUCATION
Division 10—Commissioner of Higher Education
**Chapter 4—Submission of Academic Information, Data
and New Programs**

ORDER OF RULEMAKING

By the authority vested in the Commissioner of Higher Education under section 173.081, RSMo 2016 the commissioner amends a rule as follows:

6 CSR 10-4.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3474-3485). Those sections with changes are reprinted here. The proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Higher Education received eight (8) comments from three (3) sources: the Council on Public Higher Education in the State of Missouri, Southeast Missouri State University, and Missouri Department of Higher Education staff.

COMMENT #1: Paul Wagner, on behalf of the Council on Public Higher Education in the State of Missouri, commented on the concept of geography-based service regions included in the amendment and suggested deleting definition (1)(C), “CBHE-approved service regions;” changing item (4)(B)1.B. under “Routine Review” to

describe the property-based distinction instead of service regions; deleting item (4)(B)1.D. under “Routine Review,” and deleting item (4)(C)1.A. under “Comprehensive Review,” and replacing it with new criteria.

RESPONSE AND EXPLANATION OF CHANGE: The department deleted definition (1)(C) CBHE-approved service region and deleted (4)(B)1.B. under Routine Review. (4)(B)1.D. was renumbered but not removed as it remains a criterion of “Routine Review.” The department removed the word generally from “Routine Review” (4)(B)2. and added language to (4)(B)2.C. that clarifies the location of new degree program offerings. The department added under “Routine Review” paragraph 3. and subparagraphs A.-C. The department deleted item (4)(C)1.A. under “Comprehensive Review.”

COMMENT #2: Paul Wagner, on behalf of the Council on Public Higher Education in the State of Missouri, commented on the definition of “Minor Change” and suggested a revision of the definition. **RESPONSE AND EXPLANATION OF CHANGE:** The department revised the definition of “Minor Change.”

COMMENT #3: Paul Wagner, on behalf of the Council on Public Higher Education in the State of Missouri, commented on the definition of “Substantive Curricular Change” and suggested a revision of the definition.

RESPONSE AND EXPLANATION OF CHANGE: The department revised the definition of “Substantive Curricular Change.”

COMMENT #4: Carlos Vargas, on behalf of Southeast Missouri State University, commented on the definition of “Duplication” and suggested a revision of the definition.

RESPONSE: The department did not change the definition of “Duplication,” as the definition as written clarifies its use.

COMMENT #5: Carlos Vargas, on behalf of Southeast Missouri State University, commented that definitions for the terms “Collaboration” and “Good Faith” should be included in the rule.

RESPONSE AND EXPLANATION OF CHANGE: The department added a definition for “Collaboration.” The term “Good Faith” was not determined to need a definition to clarify processes and explanations elsewhere in the rule.

COMMENT #6: Carlos Vargas, on behalf of Southeast Missouri State University, commented that MDHE should consider whether it is the right time to finalize and implement this proposed rule, as the Higher Education System Review Task Force recommended the formation of a task force to evaluate the framework after two (2) proposal cycles.

RESPONSE: The department has not received sufficient programs for Comprehensive Review to warrant evaluation. The Comprehensive Review framework is only part of the larger program review process.

COMMENT #7: Department of Higher Education staff commented that the initial timeline included for Comprehensive Review is no longer relevant and the language should be removed.

RESPONSE AND EXPLANATION OF CHANGE: The department removed the language from the Comprehensive Review timeline.

COMMENT #8: Department of Higher Education staff commented that the word “collaborative” in subparagraph (4)(C)2.A. should be “collaboration.”

RESPONSE AND EXPLANATION OF CHANGE: The department changed the word “collaborative” to “collaboration.”

COMMENT #9: Department of Higher Education staff commented that the phrase “CBHE-approved” when used to qualify the location descriptions of “voluntary service area” in (4)(B)2.C., (4)(B)3., and (4)(B)3.A. should be removed.

RESPONSE AND EXPLANATION OF CHANGE: The Department of Higher Education agreed to remove the phrase "CBHE-approved" when it appears before the location description "voluntary service area."

6 CSR 10-4.010 Academic Program Approval

(1) Definitions.

(A) CBHE-approved mission—a description of the public institution's programs, audiences served, level and type of degrees offered, or other distinguishing factors, which the CBHE has reviewed and approved.

(B) CBHE-approved off-site location—locations other than the main campus (for universities) or taxing district (for community colleges) that the CBHE has reviewed and approved. The department maintains an official inventory of approved off-site locations.

(C) Certificate program—a prescribed course of study which confers an award other than a formal academic degree.

(D) Classification of Instructional Programs (CIP)—a taxonomic scheme that supports the accurate tracking and reporting of fields of study and program completions activity. The CIP is the accepted federal government statistical standard on instructional program classifications, developed by the U.S. Department of Education.

(E) Collaboration—two (2) or more institutions of higher education working together to deliver an academic program or degree.

(F) Combination programs—the result of a mechanical combination of two (2) previously existing programs.

(G) Commissioner—the commissioner of higher education as appointed by the CBHE.

(H) Content—the program specialization with its related options, if any, for which recognition is intended to be given by the conferring of a degree or certificate.

(I) Coordinating board, board or CBHE—the Coordinating Board for Higher Education created by article IV, section 52 of the Missouri Constitution.

(J) Degree—an award conferred by a college, university, or other postsecondary education institution as official recognition for the successful completion of a program of studies as defined by and reported to the United States Department of Education and to the coordinating board's certificate and program inventory. In baccalaureate degrees or higher, the term program is generally the same as major.

(K) Department—the Missouri Department of Higher Education created by article IV, section 52 of the Missouri Constitution.

(L) Duplication—proposing to offer the same or a similar program to one that is already being offered by another institution.

(M) Inactive status—the result of formal action by an institution on the status of an existing academic program, which suspends the program for a period not to exceed five (5) years.

(N) Independent institution—an approved private institution of higher education meeting the requirements of section 173.1102(2), RSMo, provided it is also either accredited or a candidate for accreditation by the Higher Learning Commission.

(O) Level—a degree, such as associate, baccalaureate, first professional, master's, specialist, doctorate, and any other designation lower, higher, or intermediate to those which now exist or may be created. (Specialist programs, related to the state requirements for the certification of public school administrators and to the further education of public school teachers and supervisors, should be limited specifically to the field of education. These programs are essentially extensions of master's level studies and should evidence a study beyond that expected of master's programs.)

(P) Minor change—modifications to existing programs such as a change of program title or CIP code; the combination of programs; request for inactive status; the establishment of one- (1-) year certificate programs under an existing parent program; new options; request for program deletion; change in the mode of delivery; or new single-semester certificate programs.

(Q) Professional Degree—is an award for completing a program that: 1) serves as a prerequisite to practicing in the profession; 2) requires at least two (2) years of college work prior to entering the program; and 3) requires a total of at least six (6) academic years of college work to complete the degree program, including prior required college work plus the length of the professional program itself.

(R) Program—a prescribed course of study that leads to the formal award of a certificate or degree.

1. Certificate 0 (Undergraduate)—Postsecondary award, certificate, or diploma (less than one (1) academic year) below the baccalaureate degree—

- A. Less than nine hundred (900) contact or clock hours; or
- B. Less than thirty (30) semester or trimester credit hours; or
- C. Less than forty-five (45) quarter credit hours.

2. Certificate 1 (Undergraduate)—Postsecondary award, certificate, or diploma (at least one (1), but less than two (2) academic years) below the baccalaureate degree—

- A. At least nine hundred (900), but less than one thousand eight hundred (1,800) contact or clock hours; or
- B. At least thirty (30), but less than sixty (60) semester or trimester hours; or
- C. At least forty-five (45), but less than ninety (90) quarter hours.

3. Associate's degree—an award that normally requires no more than sixty (60) semester credit hours unless necessary for accreditation or licensure.

4. Certificate 2 (Undergraduate)—postsecondary award, certificate, or diploma (at least two (2), but less than four (4) academic years) below the baccalaureate degree—

- A. At least one thousand eight hundred (1,800), but less than three thousand six hundred (3,600) contact or clock hours; or
- B. At least sixty (60), but less than one hundred twenty (120) semester or trimester credit hours; or
- C. At least ninety (90), but less than one hundred eighty (180) quarter credit hours.

5. Baccalaureate degree—an award that normally requires no more than one hundred twenty (120) semester credit hours unless necessary for accreditation or licensure.

6. Graduate certificate—an organized program of study beyond the bachelor's degree, designed for persons who have completed a baccalaureate degree but not meeting requirements of academic degrees at the master's level.

7. Master's degree—an award that typically requires successful completion of a program of study of at least the full-time equivalent of one (1), but not more than two (2) academic years of work beyond the bachelor's degree. Some of these degrees may require more than two (2) full-time equivalent academic years of work.

8. Post-master's certificate (First-professional certificate)—an organized program beyond the master's degree but not meeting requirements of academic degrees at the doctor's level. This award is designed for persons having completed the first-professional degree (refresher courses or additional units of study in a specialty or subspecialty).

9. Doctoral degree—the highest award a student can earn for graduate study (research/scholarship or professional practice).

(S) Program deletion—the removal of a program or an option from an institution's program offerings.

(T) Program change—any revision or change in a program name or its nomenclature, including CIP number.

(U) Public institution—an approved public institution of higher education meeting the requirements of section 173.1102(3), RSMo.

(V) Program option or option—a formally designated area of specialization within an existing degree program that has a distinctive curricular pattern. A majority of required courses for the option will be taken in a core of courses common to all variations of the existing parent degree. For the purposes of program changes, option, emphasis area, and other similar terms are assumed to be equivalent.

(W) Substantive curricular change—significant modifications or expansion of an existing program. Examples of substantive changes include, but are not limited to, a change in the program's overall credits or goals; deletion and replacement of a significant number of courses in the program's curriculum; change in the program's purpose; change in the audience(s) that the program is intended to serve.

(X) Program type or type of program—A designation within a degree level, such as associate of arts (AA), associate of science (AS), associate of applied science (AAS), bachelor of arts, bachelor of science, bachelor of science in engineering, master of arts, master of science, doctor of philosophy, doctor of education, etc.

(4) Types of Review.

(A) Staff Review.

1. Minor changes to existing academic programs and the addition of some certificates may be addressed through a staff review. Institutions shall report all minor changes to ensure that the state program inventory is accurate and complete.

2. Requests for minor changes to existing academic programs must be submitted to the department on forms provided by the department. The following guidelines apply to specific change requests:

A. Moving an existing program to inactive status.

(I) Programs placed on inactive status will be suspended for a specified period not to exceed five (5) years.

(II) Students in the program at the time this status is adopted will be permitted to conclude their course of study if they have no more than two (2) years of coursework remaining, but no new students may be admitted to the program.

(III) At the conclusion of the designated inactive period, not to exceed five (5) years, the institution must review the program's status and may either delete it or reactivate it.

(IV) Only programs and certificates may be placed in inactive status; options are deleted through the program deletion process;

B. Program deletion. At the time an institution notifies the Higher Learning Commission (HLC) in writing about the circumstances for which HLC requires a teach-out agreement, the institution must also notify the department. Institutions must provide program name, level, CIP code, and effective date of deletion;

C. Location notification. This includes change of address updates, and notifications of closed locations. Notifications of closed locations must also include the list of programs to be deleted at the location;

D. Change of program title or CIP code. A title, CIP code, or nomenclature revision that includes substantive curriculum changes may be deemed tantamount to a new program and may be referred to the institution for consideration at the routine or comprehensive review level;

E. Combination programs. Combination programs will be reviewed at the staff review level for the elimination of duplicated requirements. The development of interdisciplinary programs and area study programs that utilize the resources of several existing programs will be reviewed through the routine or comprehensive new program approval process. However, proposals that combine two (2) or more programs ordinarily involve a substantive curricular change, which must be reviewed in the comprehensive process described in subsection (5)(C);

F. Certificate programs. Single-semester certificate programs, either as a stand-alone or as part of a parent-degree program, will be considered under staff review. A one- (1-) year certificate may be considered under staff review only if developed from, directly related to, and deriving courses predominantly from an approved parent degree program. Otherwise, one- (1-) year certificate proposals must be submitted as a new program at the routine or comprehensive review level, as appropriate;

G. Graduate certificates. Graduate certificates greater than a single semester in length may be approved at the staff review level if they are part of an existing approved parent degree program.

Graduate certificates greater than a single semester that are not part of an approved parent degree must be submitted as a new program at the routine or comprehensive review level, whichever is appropriate; and

H. Adding an option to an existing program. The addition of a specialized course of study as a component of an umbrella degree program may be submitted as a program change subject to a determination by the CBHE or its designee regarding the potential for unnecessary or inappropriate duplication of existing programs, in accordance with subsection (9)(C) of this rule. Only in those instances in which duplication is necessary and appropriate may the proposed option be implemented. Options within a parent degree program will have the same CIP code as the parent degree. The institution shall provide evidence that the proposed option functions as a component of an umbrella degree program, including the curriculum common to the parent degree and all of its options.

(I) The following general guidelines distinguish a permissible option addition from a proposed new degree program:

(a) An option or emphasis area generally functions as a component of an umbrella degree program. As such, an option in a specialized topic will consist of a core area of study in the major plus selected topical courses in the specialty. Typically, the core area of study will constitute a majority of the requirements in the major area of study as measured in the number of required courses or credit hours;

(b) A proposed option or emphasis area must be a logical component or extension of the umbrella degree program. One (1) measure of this compatibility—but not the only one—would be the consonance of the proposed addition with the federal CIP taxonomy. For instance, using physics as an example, optics would be an appropriate option (emphasis area) while astrophysics would ordinarily not be acceptable as it is typically viewed as a branch of astronomy rather than physics;

(c) The number of new courses required to implement a new option or emphasis area is relevant. Four (4) or more new courses in a proposed new option will raise questions about resource commitments and suggest that a new program has been developed; and

(d) The need to develop new courses as a condition of implementing an option is a relevant consideration.

3. Review and reporting. Department staff will review requests for minor changes to existing academic programs. Department staff may request additional information from the proposing institution.

4. Timeline. For all requests submitted by the first of the month, department staff will process, review, and report back to institutions by the end of that same month. Department staff will report routine review actions to the CBHE at the next regular board meeting following completion of review.

(B) Routine Review.

1. Proposals for new academic programs that are not minor, but do not constitute a significant change in an institution's current role, scope, or mission will be reviewed under the routine review process. For a proposed program to be considered through routine review, it must meet all of the following criteria:

A. The program is clearly within the institution's CBHE-approved mission;

B. The program will not unnecessarily duplicate an existing program in the applicable geographic area, as described in subsection (9)(C) of this rule;

C. The program will be offered at the main campus or at a CBHE-approved off-site location;

D. The program will build on existing programs and faculty expertise; and

E. The cost to launch the program will be minimal and within the institution's current operating budget.

2. The following proposals will be considered under the routine review process:

- A. Substantive curricular changes to an existing program;
- B. Delivery of an approved program at a CBHE-approved

off-site location; and

C. New degree programs offered on the main campus, at a CBHE-approved off-site location, or within its voluntary service area, or in collaboration with an institution already approved to offer such a program.

3. Proposals for programs to be offered other than on the main campus, a CBHE-approved off-site location, or within a voluntary service area may be reviewed as a routine review if it meets both the criteria listed under (B)1.A.–E. (above) and meets the conditions A.–B. listed below. After evaluating the proposal, department staff may recommend that the proposal warrants a comprehensive review.

A. The institution already offers the program on its main campus, at a CBHE-approved off-site location, or within its voluntary service area.

B. The proposal includes a compelling rationale justifying the need for the program and why the proposing institution is best suited to deliver the program at the proposed location.

C. The proposal may include evidence that the proposing institution has communicated with the other public institutions about the proposing institution's intention to offer the proposed program. The inclusion of this evidence may be a factor in reviewing the proposal as a routine review. (Nota bene: This criterion is intended as a means of keeping the review on the routine review timeline. The proposing institution could include in its application, for example, letters of support from other institutions in the vicinity of the proposed program, or those who offer similar programs. Such efforts prior to submission of the application may keep the review on the routine review timeline.)

4. Process.

A. Institutions shall provide information about the proposed program to the department on forms provided by the department. This information will include certification that the proposal meets the criteria for routine review and that the program meets the criteria for all new academic programs. Department staff may request additional information from the proposing institution.

B. Department staff will verify and post the proposal on the department's website to allow for twenty (20) days of public review and comment. Any institution, member of the profession, occupation, or specialized academic field, and any other interested individual may express an opinion to department staff regarding any new program proposal. Comments must be received within twenty (20) days of the proposal's posting on the department website.

C. The proposing public institution will address comments and feedback received. Once all concerns are resolved, the commissioner will recommend provisional approval of the program for a period of five (5) years.

(I) The public institution shall establish clearly defined performance goals for the new program to be achieved during the provisional implementation period. The public institution may revise its performance goals for the new program at any time during the designated implementation period with the concurrence of department staff.

(II) Provisional approval by the CBHE or its designee is valid for two (2) years following the first fall term after CBHE approval. If an institution has not implemented the proposal by that date, the approval will lapse and the program proposal must be resubmitted with updated information.

D. At the end of the five- (5-) year provisional approval period, the department will review the program's viability to determine whether the CBHE's provisional approval should become unconditional, remain provisional pending further review in two (2) years, or be terminated.

(I) Public institutions shall provide to department staff, in a manner prescribed by department staff, enrollment, graduation, and staffing data for the program, as well as a brief summary of program performance. If the program is performing as well as or better than the projections in the original program proposal, the department will recommend that the CBHE approve the program unconditionally.

(II) If the CBHE terminates provisional approval, the public institution shall take the necessary steps to close the program, which includes accommodating students currently enrolled in the program.

5. Timeline.

A. Requests submitted by the first of the month will be reviewed and processed, and in most cases institutions will be notified, by the end of that same month. Department staff will report routine review actions to the CBHE at the next regular board meeting following completion of review.

(C) Comprehensive Review.

1. Proposed new academic programs that meet any of the following criteria will be subject to a comprehensive review:

A. The institution will incur substantial costs to launch and sustain the program;

B. The program will include the offering of degrees at the baccalaureate level or higher that fall within the Classification of Instructional Programs (CIP) code of 14, Engineering;

C. The program is outside an institution's CBHE-approved mission;

D. The program will include the offering of a doctoral degree, as further described in paragraph (9)(C)3. of this rule (applicable only to non-University of Missouri institutions);

E. The program will include the offering of a professional degree, as further described in paragraph (9)(C)3. of this rule (applicable only to non-University of Missouri institutions); or

F. The program will include the offering of an education specialist degree.

2. Elements of a Complete Proposal for Comprehensive Review. Institutions shall submit the proposal to the department on forms provided by the department. A complete proposal includes the following:

A. Evidence of good faith effort to explore the feasibility of collaboration with other institutions whose mission or service region encompasses the proposed program. At a minimum, this will include letters from the chief academic officers of both the proposing institution and other institutions involved in exploring the feasibility of collaboration attesting to the nature of the discussions and explaining why collaboration in this instance is not feasible;

B. Evidence that the offering institution is contributing substantially to the CBHE's Blueprint for Higher Education as adopted on February 4, 2016, pursuant to section 173.020(4), RSMo, and is committed to advancing the goals of that plan;

C. Evidence of institutional capacity to launch the program in a high-quality manner, including:

(I) An external review conducted by a team including faculty experts in the discipline to be offered and administrators from institutions already offering programs in the discipline and at the degree level proposed. The review must include an assessment of the offering institution's capacity to offer the new program in terms of general, academic, and student service support, including faculty resources that are appropriate for the program being proposed (e.g. faculty credentials, use of adjunct faculty, and faculty teaching workloads);

(II) A comprehensive cost/revenue analysis summarizing the actual costs for the program and information about how the institution intends to fund and sustain the program;

(III) Evidence indicating there is sufficient student interest and capacity to support the program, and, where applicable, sufficient capacity for students to participate in clinical or other external learning requirements, including library resources, physical facilities, and instruction equipment; and

(IV) Where applicable, a description of accreditation requirements for the new program and the institution's plans for seeking accreditation; and

D. Evidence that the proposed program is needed, including:

(I) Documentation demonstrating that the program does not unnecessarily duplicate other programs in the applicable geographic area, as described in subsection (9)(C) of this rule;

(II) A rigorous analysis demonstrating a strong and compelling workforce need for the program, which might include data from a credible source, an analysis of changing program requirements, the current and future workforce, and other needs of the state, and letters of support from local or regional businesses indicating a genuine need for the program; and

(III) A clear plan to meet the articulated workforce need, including:

(a) Aligning curriculum with specific knowledge and competencies needed to work in the field(s) or occupation(s) described in the workforce need analysis in part (II) of this subparagraph;

(b) Providing students with external learning experiences to increase the probability that they will remain in the applicable geographic area after graduation; and

(c) A plan for assessing the extent to which the new program meets that need when implemented.

3. Process.

A. Department staff will verify and post the proposal on the department's website to allow for twenty (20) days of public review and comment. Any institution, member of the profession, occupation, or specialized academic field, and any other interested individual may express an opinion to department staff regarding any new program proposal. Comments must be received within twenty (20) days of the proposal's posting on the department's website.

B. Department staff, in consultation with the external review team described in part (4)(C)2.C.(I) of this rule, will review a complete proposal and provide feedback to the proposing institution.

C. The proposing public institution will address comments and feedback received. Once all concerns are resolved, the commissioner will recommend provisional approval of the program for a period of five (5) years.

(I) Public institutions shall establish clearly defined performance goals for the new program to be achieved during the provisional implementation period. The public institution may revise its performance goals for the new program at any time during the designated implementation period with the concurrence of department staff.

(II) Public institutions must report annually to the CBHE on the number of students completing the program, financial performance of the program, job placement rates of program graduates, success on any applicable licensure exams, and the extent to which the program is meeting the needs it was designed to address.

(III) Provisional approval by the CBHE or its designee is valid for two (2) years following the first fall term after CBHE approval. If an institution has not implemented the proposal by that date, the approval will lapse and the program proposal must be resubmitted with updated information.

D. At the end of the five- (5-) year provisional approval period, the department will review the program's viability to determine whether the CBHE's provisional approval should become unconditional, remain provisional pending further review in two (2) years, or be terminated.

(I) Public institutions shall provide to department staff, in a manner prescribed by department staff, enrollment, graduation, and staffing data for the program, as well as a brief summary of program performance. If the program is performing as well as or better than the projections in the original program proposal, the department will recommend that the CBHE approve the program unconditionally.

(II) If the CBHE terminates provisional approval, the public institution shall take the necessary steps to close the program, which includes accommodating students currently enrolled in the program.

4. Timeline.

A. Proposals must be submitted to the CBHE by July 1 of each year. The CBHE, in its sole discretion, will determine which proposals to evaluate, and will announce its evaluation decision(s) in

September. Final decisions to approve programs will ordinarily be made by February.

Title 12—DEPARTMENT OF REVENUE

Division 10—Director of Revenue

Chapter 23—Motor Vehicle

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-23.100 Special License Plates is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3489-3490). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE

Division 10—Director of Revenue

Chapter 23—Motor Vehicle

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-23.260 Inspection of Non-USA Standard Vehicles Prior to Titling is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3490). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE

Division 10—Director of Revenue

Chapter 23—Motor Vehicle

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-23.280 Replacement of Multiyear License Plates is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3491). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 23—Motor Vehicle

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-23.340 **Imposition and Waiver of Motor Vehicle and Trailer Titling and Registration Penalties is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3491–3492). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 23—Motor Vehicle

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-23.345 **Definition of Major Component Parts of a Motor Vehicle is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3492). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 23—Motor Vehicle

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-23.350 **Honorary Consular License Plates is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3492–3493). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 23—Motor Vehicle

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-23.370 **Issuance of Certificates of Title to Recreational Vehicles Manufactured by Two Separate Manufacturers is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3494). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 23—Motor Vehicle

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-23.405 **Emblem-Use Authorization Statement and Format for Collegiate License Plates is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3494–3495). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 23—Motor Vehicle

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-23.424 **Leasing Company Registration is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3495). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 26—Dealer Licensure

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-26.080 Procedural Requirements for Public Motor Vehicle Auctions **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3495-3496). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 26—Dealer Licensure

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-26.180 Temporary Permits Sold by a Registered Missouri Motor Vehicle Dealer **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3496). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 26—Dealer Licensure

ORDER OF RULEMAKING

By the authority vested in the director of revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-26.190 Dealers' Monthly Reports **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3496-3497). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 35—Children's Division
Chapter 60—Licensing of Foster Family Homes

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Children's Division, under sections 207.020 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 35-60.030 Minimum Qualifications of Foster Parent(s) **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3081). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 2—Income Maintenance

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-2.010 General Application Procedures **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3082). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 2—Income Maintenance

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-2.020 General Reinvestigation Procedures **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3082). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 2—Income Maintenance

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-2.040 Definition of Abandonment of Residence **is amended.**

A notice of proposed rulemaking containing the text of the proposed

amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3082–3083). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 2—Income Maintenance

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-2.120 Methods Used to Determine the Amount of Cash Payments is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3083–3084). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 2—Income Maintenance

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-2.200 Determining Eligibility for Medical Assistance is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3084–3085). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 2—Income Maintenance

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-2.260 Newborns Deemed to be Eligible for Title XIX is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3085–3086). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 2—Income Maintenance

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-2.395 Spend Down Program is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3086–3087). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-7.010 Scope and Definitions is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3087–3088). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 34—Homeless, Dependent, and Neglected Children

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.020 and 660.017, RSMo 2016, the division rescinds a rule as follows:

13 CSR 40-34.060 Parental Support is rescinded.

A notice of proposed rulemaking containing the proposed rescission

was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3088-3089). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 50—Licensing of Foster/Adoptive Homes

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.020 and 660.017, RSMo 2016, the division rescinds a rule as follows:

13 CSR 40-50.010 Family Homes Offering Foster/Adoptive Care is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3089). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 91—Rehabilitation Services for the Blind (RSB)

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 8.051, 8.700-8.745, 207.010, 207.022, 209.010, 209.020, and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-91.010 Business Enterprise for the Blind is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3089-3092). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 91—Rehabilitation Services for the Blind (RSB)

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-91.030 Prevention of Blindness Program is amended.

A notice of proposed rulemaking containing the text of the proposed

amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3092). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 100—Child Support Program, General Administration

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 454.400 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-100.020 Administrative Hearings is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3075-3081). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 104—Child Support Program, Enforcement

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 454.400 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-104.020 Reporting of Child Support Debts to Consumer Reporting Agencies is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3074-3075). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 106—Child Support, Modification

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 454.400 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-106.010 Review and Modification of Child and/or Medical Support Orders is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3072–3074). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 3—Conditions of Provider Participation,
Reimbursement and Procedure of General Applicability

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.153, 208.201, and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 70-3.100 Filing of Claims, MO HealthNet Program is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3092–3093). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 4—Conditions of Participant Participation,
Rights and Responsibilities

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.153 and 208.201, RSMo 2016, and section 208.152, RSMo Supp. 2018, the division amends a rule as follows:

13 CSR 70-4.051 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3093–3094). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Social Services, MO HealthNet Division (MHD), provided two (2) staff comments on the proposed amendment.

COMMENT #1: Jessica Dresner, Chief Operating Officer, MHD, stated that amending the term “copayment” to “shared dispensing fee” is confusing to the public. The MHD has a regulation governing a professional dispensing fee, and the two titles/terms are too similar. “Copayment” more accurately describes the amounts for which MO HealthNet participants are responsible.

RESPONSE AND EXPLANATION OF CHANGE: MHD has changed this final rule to include the correct terms. All proposed areas of change where “copayment” has been amended to say “shared dispensing fee” will be left unamended and will remain to say

“copayment.”

COMMENT #2: Jessica Dresner, Chief Operating Officer, MO HealthNet Division, MHD, discovered that one (1) change that was proposed in the amendment, that was sent to the Secretary of State's Office, was accidentally left out in the version printed in the *Missouri Register*, noted above.

RESPONSE AND EXPLANATION OF CHANGE: MHD has included the language from the table in section (1) that should have been included (Participant).

13 CSR 70-4.051 Copayment for Pharmacy Services

PURPOSE: This rule establishes the regulatory basis for the MO HealthNet requirement of eligible participant copayment when receiving covered pharmacy services.

(1) All MO HealthNet eligible participants shall be responsible for a copayment upon receipt of each original or refilled prescription of a MO HealthNet covered drug unless the service is exempted under provisions of section (2). Copayment responsibility and amounts collectible shall be as follows:

MO HealthNet Maximum Participant Allowable Amount for Each Item of Service	Participant Copayment Amount
\$10.00 or less	\$0.50
\$10.01–\$25.00	\$1.00
\$25.01 or more	\$2.00

(3) Those drugs which are exempt from the requirement of copayment as related to an EPSDT screening or referral service must be confirmed as such to the dispenser through one (1) of the following methods:

(4) Providers of service may not deny or reduce services otherwise eligible for MO HealthNet benefits on the basis of the participant's inability to pay the due copayment amount when charged.

(5) A participant's inability to pay a required copayment amount, as due and charged when a service is delivered, shall in no way extinguish the participant liability to pay the due amount.

(6) Providers of service must collect copayment as specified in accordance with section 208.152, RSMo. Participation privileges in the MO HealthNet program shall be limited to providers who accept, as payment in full, the amounts paid by the state agency plus any copayment amount required of the participant and collected or collectible as charged by the provider.

(7) Providers must maintain records of copayment amounts for five (5) years and must make these records available to the Department of Social Services upon request.

(8) The computation and application of the required copayment as it applies to all nonexempt MO HealthNet-covered drug prescriptions shall be performed by the provider dispensing the covered drug. No alterations or changes are to be made to claims by providers which reflect the collection or application of the required copayment amount.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 20—Pharmacy Program

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO

HealthNet Division, under sections 208.153, 208.201, and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 70-20.031 List of Drugs for Which Prior Authorization Is Required and Drugs Excluded from Coverage Under the MO HealthNet Pharmacy Program is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3099). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 20—Pharmacy Program**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.153, 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2018, the division rescinds a rule as follows:

13 CSR 70-20.034 List of Non-Excludable Drugs for Which Prior Authorization Is Required is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3099). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 20—Pharmacy Program**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 70-20.340 National Drug Code Requirement is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3099-3101). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 26—Federally-Qualified Health Center Services**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 70-26.010 MO HealthNet Program Benefits for Federally-Qualified Health Center Services is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3101-3103). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 30—Podiatry Program**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 70-30.010 Podiatric Services Program is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3103). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 98—Behavioral Health Services**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 70-98.015 Behavioral Health Services Program is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3103-3105). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 98—Behavioral Health Services**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO

HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 70-98.020 Prior Authorization Committee for Non-Pharmaceutical Behavioral Health Services **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3105-3106). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 110—Division of Youth Services
Chapter 3—Case Management

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Division of Youth Services, under sections 219.036, 219.051, and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 110-3.010 Comprehensive Individual Treatment Plans **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3106). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 110—Division of Youth Services
Chapter 3—Case Management

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Division of Youth Services, under sections 219.016, 219.036, and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 110-3.040 Revocation of Aftercare Supervision **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3106-3107). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 110—Division of Youth Services
Chapter 3—Case Management

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Division of Youth Services, under sections 219.036 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 110-3.060 Grievance Procedure for Youth in Aftercare **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2018 (43 MoReg 3107-3108). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION

Division 2210—State Board of Optometry
Chapter 2—General Rules

ORDER OF RULEMAKING

By the authority vested in the State Board of Optometry under section 336.160, RSMo Supp. 2018, the board amends a rule as follows:

20 CSR 2210-2.020 Licensure by Examination **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 17, 2018 (43 MoReg 3811-3813). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION

Division 2231—Division of Professional Registration
Chapter 3—Modified Application and Renewal
Procedures of the Division

ORDER OF RULEMAKING

By the authority vested in the Division of Professional Registration under section 324.015, RSMo Supp. 2018, the division adopts a rule as follows:

20 CSR 2231-3.010 Fee Waiver for Military Families and Low-Income Individuals **is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 17, 2018 (43 MoReg 3814-3816). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 1—General Organization

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

22 CSR 10-1.030 Board of Trustees Election Process is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3539–3540). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 2—State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3540–3541). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the definition for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend section (19).

22 CSR 10-2.010 Definitions

(19) Diabetes Self-Management Education. A program prescribed by a provider and facilitated by health care professionals with the appropriate credentials, training, and experience to educate and support members with diabetes.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 2—State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care

Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.020 General Membership Provisions is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3541–3546). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 2—State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.030 Contributions is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3546–3549). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 2—State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.045 Plan Utilization Review Policy is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3549–3550). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 2—State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director

adopts a rule as follows:

22 CSR 10-2.046 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3550–3551). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed rule.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend subsection (5)(D).

22 CSR 10-2.046 PPO 750 Plan Benefit Provisions and Covered Charges

(5) The following services are not subject to deductible, coinsurance, or copayment requirements and will be paid at one hundred percent (100%) when provided by a network provider:

(D) Four (4) Diabetes Self-Management Education visits.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 2—State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

22 CSR 10-2.047 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3551–3553). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed rule.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend subsection (5)(D).

22 CSR 10-2.047 PPO 1250 Plan Benefit Provisions and Covered Charges

(5) The following services are not subject to deductible, coinsurance, or copayment requirements and will be paid at one hundred percent (100%) when provided by a network provider:

(D) Four (4) Diabetes Self-Management Education visits.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 2—State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director rescinds a rule as follows:

22 CSR 10-2.051 PPO 300 Plan Benefit Provisions and Covered Charges is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3553). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 2—State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director rescinds a rule as follows:

22 CSR 10-2.052 PPO 600 Plan Benefit Provisions and Covered Charges is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3553). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 2—State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.053 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3553–3555). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health

Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend section (8).

22 CSR 10-2.053 Health Savings Account Plan Benefit Provisions and Covered Charges

(8) Four (4) Diabetes Self-Management Education visits received through a network provider are covered at one hundred percent (100%) after deductible is met.

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.055 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3555–3564). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend paragraph (3)(E)14.

22 CSR 10-2.055 Medical Plan Benefit Provisions and Covered Charges

(3) Covered Charges Applicable to the PPO 750 Plan, PPO 1250, and HSA Plan.

(E) Plan benefits for the PPO 750 Plan, PPO 1250, and HSA Plan are as follows:

1. Allergy Testing and Immunotherapy. Allergy testing and allergy immunotherapy are considered medically necessary for members with clinically significant allergic symptoms. The following tests and treatments are covered:

A. Epicutaneous (scratch, prick, or puncture) when Immunoglobulin E- (IgE-) mediated reactions occur to any of the following:

- (I) Foods;
- (II) Hymenoptera venom (stinging insects);
- (III) Inhalants; or
- (IV) Specific drugs (penicillins and macromolecular agents);

B. Intradermal (Intracutaneous) when IgE-mediated reactions occur to any of the following:

- (I) Foods;
- (II) Hymenoptera venom (stinging insects);

(III) Inhalants; or
(IV) Specific drugs (penicillins and macromolecular agents);

C. Skin or Serial Endpoint Titration (SET), also known as intradermal dilutional testing (IDT), for determining the starting dose for immunotherapy for members highly allergic to any of the following:

- (I) Hymenoptera venom (stinging insects); or
- (II) Inhalants;

D. Skin Patch Testing: for diagnosing contact allergic dermatitis;

E. Photo Patch Testing: for diagnosing photo-allergy (such as photo-allergic contact dermatitis);

F. Photo Tests: for evaluating photo-sensitivity disorders;

G. Bronchial Challenge Test: for testing with methacholine, histamine, or antigens in defining asthma or airway hyperactivity when either of the following conditions is met:

(I) Bronchial challenge test is being used to identify new allergens for which skin or blood testing has not been validated; or

- (II) Skin testing is unreliable;

H. Exercise Challenge Testing for exercise-induced bronchospasm;

I. Ingestion (Oral) Challenge Test for any of the following:

- (I) Food or other substances; or

(II) Drugs when all of the following are met:

- (a) History of allergy to a particular drug;
- (b) There is no effective alternative drug; and
- (c) Treatment with that drug class is essential;

J. In Vitro IgE Antibody Tests (RAST, MAST, FAST, ELISA, ImmunoCAP) are covered for any of the following:

(I) Allergic broncho-pulmonary aspergillosis (ABPA) and certain parasitic diseases;

- (II) Food allergy;

(III) Hymenoptera venom allergy (stinging insects);

(IV) Inhalant allergy; or

- (V) Specific drugs;

K. Total Serum IgE for diagnostic evaluation in members with known or suspected ABPA and/or hyper IgE syndrome;

L. Lymphocyte transformation tests such as lymphocyte mitogen response test, PHE stimulation test, or lymphocyte antigen response assay are covered for evaluation of persons with any of the following suspected conditions:

- (I) Sensitivity to beryllium;

(II) Congenital or acquired immunodeficiency diseases affecting cell-mediated immunity, such as severe combined immunodeficiency, common variable immunodeficiency, X-linked immunodeficiency with hyper IgM, Nijmegen breakage syndrome, reticular dysgenesis, DiGeorge syndrome, Nezelof syndrome, Wiscott-Aldrich syndrome, ataxia telangiectasia, and chronic mucocutaneous candidiasis;

- (III) Thymoma; and

(IV) To predict allograft compatibility in the transplant setting;

M. Allergy retesting: routine allergy retesting is not considered medically necessary;

N. Allergy immunotherapy is covered for the treatment of any of the following IgE-mediated allergies:

- (I) Allergic (extrinsic) asthma;

(II) Dust mite atopic dermatitis;

(III) Hymenoptera (bees, hornets, wasps, fire ants) sensitive individuals;

(IV) Mold-induced allergic rhinitis;

(V) Perennial rhinitis;

(VI) Seasonal allergic rhinitis or conjunctivitis when one (1) of the following conditions are met:

(a) Member has symptoms of allergic rhinitis or asthma after natural exposure to the allergen;

(b) Member has a life-threatening allergy to insect stings; or

(c) Member has skin test or serologic evidence of IgE mediated antibody to a potent extract of the allergen; and

(VII) Avoidance or pharmacologic therapy cannot control allergic symptoms or member has unacceptable side effects with pharmacologic therapy;

O. Other treatments: the following other treatments are covered:

(I) Rapid, rush, cluster, or acute desensitization for members with any of the following conditions:

(a) IgE antibodies to a particular drug that cannot be treated effectively with alternative medications;

(b) Insect sting (e.g., wasps, hornets, bees, fire ants) hypersensitivity (hymenoptera); or

(c) Members with moderate to severe allergic rhinitis who need treatment during or immediately before the season of the affecting allergy;

(II) Rapid desensitization is considered experimental and investigational for other indications;

P. Epinephrine kits, to prevent anaphylactic shock for members who have had life-threatening reactions to insect stings, foods, drugs, or other allergens; have severe asthma or if needed during immunotherapy;

2. Ambulance service. The following ambulance transport services are covered:

A. By ground to the nearest appropriate facility when other means of transportation would be contraindicated;

B. By air to the nearest appropriate facility when the member's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate or contraindicated;

3. Applied Behavior Analysis (ABA) for Autism;

4. Bariatric surgery. Bariatric surgery is covered when all of the following requirements have been met:

A. The surgery is performed at a facility accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) for the billed procedure;

B. The following open or laparoscopic bariatric surgery procedures are covered:

(I) Roux-en-Y gastric bypass;

(II) Sleeve gastrectomy;

(III) Biliopancreatic diversion with duodenal switch for individuals with a body mass index (BMI) greater than fifty (50);

(IV) Adjustable silicone gastric banding and adjustments of a silicone gastric banding to control the rate of weight loss and/or treat symptoms secondary to gastric restriction following an adjustable silicone gastric banding procedure;

(V) Surgical reversal of bariatric surgery when complications of the original surgery (e.g., stricture, pouch dilatation, erosion, or band slippage) cause abdominal pain, inability to eat or drink, or cause vomiting of prescribed meals;

(VI) Revision of a previous bariatric surgical procedure or conversion to another procedure due to inadequate weight loss when one (1) of the following specific criteria has been met:

(a) There is evidence of full compliance with the previously prescribed post-operative dietary and exercise program; or

(b) There is documented clinical testing demonstrating technical failure of the original bariatric surgical procedure which caused the individual to fail achieving adequate weight loss of at least fifty percent (50%) of excess body weight or failure to achieve body weight to within thirty percent (30%) of ideal body weight at least two (2) years following the original surgery;

C. All of the following criteria have been met:

(I) The member is eighteen (18) years or older or has reached full skeletal growth, and has evidence of one (1) of the following:

(a) BMI greater than forty (40); or

(b) BMI between thirty-five (35) and thirty-nine and nine tenths (39.9) and one (1) or more of the following:

I. Type II diabetes;

II. Cardiovascular disease such as stroke, myocardial infarction, stable or unstable angina pectoris, hypertension, or coronary artery bypass; or

III. Life-threatening cardiopulmonary problems such as severe sleep apnea, Pickwickian syndrome, or obesity-related cardiomyopathy; and

(II) Demonstration that dietary attempts at weight control have been ineffective through completion of a structured diet program. Commercial weight loss programs are acceptable if completed under the direction of a provider or registered dietitian and documentation of participation is available for review. One (1) structured diet program for six (6) consecutive months or two (2) structured diet programs for three (3) consecutive months each within a two- (2-) year period prior to the request for the surgical treatment of morbid obesity are sufficient. Provider-supervised programs consisting exclusively of pharmacological management are not sufficient; and

(III) A thorough multidisciplinary evaluation within the previous twelve (12) months, which include all of the following:

(a) An evaluation by a bariatric surgeon recommending surgical treatment, including a description of the proposed procedure and all of the associated current procedural terminology codes;

(b) A separate medical evaluation from a provider other than the surgeon recommending surgery that includes a medical clearance for bariatric surgery;

(c) Completion of a psychological examination from a mental health provider evaluating the member's readiness and fitness for surgery and the necessary post-operative lifestyle changes. After the evaluation, the mental health provider must provide clearance for bariatric surgery; and

(d) A nutritional evaluation by a provider or registered dietitian;

5. Blood storage. Storage of whole blood, blood plasma, and blood products is covered in conjunction with medical treatment that requires immediate blood transfusion support;

6. Bone Growth Stimulators. Implantable bone growth stimulators are covered as an outpatient surgery benefit. The following non-implantable bone growth stimulators are covered as a durable medical equipment benefit:

A. Ultrasonic osteogenesis stimulator (e.g., the Sonic Accelerated Fracture Healing System (SAFHS)) to accelerate healing of fresh fractures, fusions, or delayed unions at either of the following high-risk sites:

(I) Fresh fractures, fusions, or delayed unions of the shaft (diaphysis) of the tibia that are open or segmental; or

(II) Fresh fractures, fusions, or delayed unions of the scaphoid (carpal navicular);

B. Ultrasonic osteogenesis stimulator for non-unions, failed arthrodesis, and congenital pseudarthrosis (pseudoarthrosis) of the appendicular skeleton if there has been no progression of healing for three (3) or more months despite appropriate fracture care; or

C. Direct current electrical bone-growth stimulator is covered for the following indications:

(I) Delayed unions of fractures or failed arthrodesis at high-risk sites (i.e., open or segmental tibial fractures, carpal navicular fractures);

(II) Non-unions, failed fusions, and congenital pseudarthrosis where there is no evidence of progression of healing for three (3) or more months despite appropriate fracture care; or

(III) Members who are at high risk for spinal fusion failure when any of the following criteria is met:

(a) A multiple-level fusion entailing three (3) or more vertebrae (e.g., L3 to L5, L4 to S1, etc.);

(b) Grade II or worse spondylolisthesis; or

(c) One (1) or more failed fusions;

7. Contraception and Sterilization. All Food and Drug Administration- (FDA-) approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with

reproductive capacity;

8. Cardiac rehabilitation. An electrocardiographically-monitored program of outpatient cardiac rehabilitation (Phase II) is covered for specific criteria when it is individually prescribed by a provider and a formal exercise stress test is completed following the event and prior to the initiation of the program. Cardiac rehabilitation is covered for members who meet one (1) of the following criteria:

- A. Acute myocardial infarction (MI) (heart attack in the last twelve (12) months);
- B. Coronary artery bypass grafting (CABG);
- C. Stable angina pectoris;
- D. Percutaneous coronary vessel remodeling;
- E. Valve replacement or repair;
- F. Heart transplant;

G. Coronary artery disease (CAD) associated with chronic stable angina that has failed to respond adequately to pharmacotherapy and is interfering with the ability to perform age-related activities of daily living and/or impairing functional abilities; or

H. Heart failure that has failed to respond adequately to pharmacotherapy and is interfering with the ability to perform age-related activities of daily living and/or impairing functional abilities;

9. Chelation therapy. The administration of FDA-approved chelating agents is covered for any of the following conditions:

- A. Genetic or hereditary hemochromatosis;
- B. Lead overload in cases of acute or long-term lead exposure;
- C. Secondary hemochromatosis due to chronic iron overload due to transfusion-dependent anemias (e.g., Thalassemias, Cooley's anemia, sickle cell anemia, sideroblastic anemia);
- D. Copper overload in patients with Wilson's disease;
- E. Arsenic, mercury, iron, copper, or gold poisoning when long-term exposure to and toxicity has been confirmed through lab results or clinical findings consistent with metal toxicity;
- F. Aluminum overload in chronic hemodialysis patients;
- G. Emergency treatment of hypercalcemia;
- H. Prophylaxis against doxorubicin-induced cardiomyopathy;
- I. Internal plutonium, americium, or curium contamination;

or

J. Cystinuria;

10. Chiropractic services. Chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) are covered when all of the following conditions are met:

A. A neuromusculoskeletal condition is diagnosed that may be relieved by standard chiropractic treatment in order to restore optimal function;

B. Chiropractic care is being performed by a licensed doctor of chiropractic who is practicing within the scope of his/her license as defined by state law;

C. The individual is involved in a treatment program that clearly documents all of the following:

(I) A prescribed treatment program that is expected to result in significant therapeutic improvement over a clearly defined period of time;

(II) The symptoms being treated;

(III) Diagnostic procedures and results;

(IV) Frequency, duration, and results of planned treatment modalities;

(V) Anticipated length of treatment plan with identification of quantifiable, attainable short-term and long-term goals; and

(VI) Demonstrated progress toward significant functional gains and/or improved activity tolerances;

D. Following previous successful treatment with chiropractic care, acute exacerbation or re-injury are covered when all of the following criteria are met:

(I) The member reached maximal therapeutic benefit with prior chiropractic treatment;

(II) The member was compliant with a self-directed home-

care program;

(III) Significant therapeutic improvement is expected with continued treatment; and

(IV) The anticipated length of treatment is expected to be short-term (e.g., no more than six (6) visits within a three- (3-) week period);

11. Clinical trials. Routine member care costs incurred as the result of a Phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition are covered when—

A. The study or investigation is conducted under an investigational new drug application reviewed by the FDA; or

B. Is a drug trial that is exempt from having such an investigational new drug application. Life-threatening condition means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted; and

C. Routine member care costs include all items and services consistent with the coverage provided in plan benefits that would otherwise be covered for a member not enrolled in a clinical trial. Routine patient care costs do not include the investigational item, device, or service itself; items and services that are provided solely to satisfy data collection and analysis needs and are not used in the direct clinical management of the member; or a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis;

D. The member must be eligible to participate in the clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition; and

E. The clinical trial must be approved or funded by one (1) of the following:

- (I) National Institutes of Health (NIH);
- (II) Centers for Disease Control and Prevention (CDC);
- (III) Agency for Health Care Research and Quality;
- (IV) Centers for Medicare & Medicaid Services (CMS);
- (V) A cooperative group or center of any of the previously named agencies or the Department of Defense or the Department of Veterans Affairs;

(VI) A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants; or

(VII) A study or investigation that is conducted by the Department of Veterans Affairs, the Department of Defense, or the Department of Energy and has been reviewed and approved to be comparable to the system of peer review of studies and investigations used by the NIH and assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review;

12. Cochlear implant device. Uniaural (monaural) or binaural (bilateral) cochlear implantation and necessary replacement batteries are covered for a member with bilateral, pre- or post-linguistic, sensorineural, moderate-to-profound hearing impairment when there is reasonable expectation that a significant benefit will be achieved from the device and when the following age-specific criteria are met:

A. Auditory brainstem implant. Auditory brainstem implant (ABI) covered for the diagnosis of neurofibromatosis type II, von Recklinghausen's disease, or when a member is undergoing bilateral removal of tumors of the auditory nerves, and it is anticipated that the member will become completely deaf as a result of the surgery, or the member had bilateral auditory nerve tumors removed and is now bilaterally deaf;

(I) For an adult (age eighteen (18) years or older) with BOTH of the following:

(a) Bilateral, severe to profound sensorineural hearing loss determined by a pure-tone average of seventy (70) decibels (dB) hearing loss or greater at five hundred (500) hertz (Hz), one thousand (1000) Hz, and two thousand (2000) Hz; and

(b) Member has limited benefit from appropriately fitted binaural hearing aids. Limited benefit from amplification is defined

by test scores of forty percent (40%) correct or less in best-aided listening condition on open-set sentence cognition (e.g., Central Institute for the Deaf (CID) sentences, Hearing in Noise Test (HINT) sentences, and Consonant-Nucleus-Consonant (CNC) test);

(II) For a child age twelve (12) months to seventeen (17) years, eleven (11) months with both of the following:

(a) Profound, bilateral sensorineural hearing loss with thresholds of ninety (90) dB or greater at one thousand (1000) Hz; and

(b) Limited or no benefit from a three- (3-) month trial of appropriately fitted binaural hearing aids;

(III) For children four (4) years of age or younger, with one (1) of the following:

(a) Failure to reach developmentally appropriate auditory milestones measured using the Infant-Toddler Meaningful Auditory Integration Scale, the Meaningful Auditory Integration Scale, or the Early Speech Perception test; or

(b) Less than twenty percent (20%) correct on open-set word recognition test Multisyllabic Lexical Neighborhood Test (MLNT) in conjunction with appropriate amplification and participation in intensive aural habilitation over a three- (3-) to six- (6-) month period;

(IV) For children older than four (4) years of age with one (1) of the following:

(a) Less than twelve percent (12%) correct on the Phonetically Balanced-Kindergarten Test; or

(b) Less than thirty percent (30%) correct on the HINT for children, the open-set Multisyllabic Lexical Neighborhood Test (MLNT) or Lexical Neighborhood Test (LNT), depending on the child's cognitive ability and linguistic skills; and

(V) A three- (3-) to six- (6-) month hearing aid trial has been undertaken by a child without previous experience with hearing aids;

B. Radiologic evidence of cochlear ossification;

C. The following additional medical necessity criteria must also be met for uniaural (monaural) or binaural (bilateral) cochlear implantation in adults and children:

(I) Member must be enrolled in an educational program that supports listening and speaking with aided hearing;

(II) Member must have had an assessment by an audiologist and from an otolaryngologist experienced in this procedure indicating the likelihood of success with this device;

(III) Member must have no medical contraindications to cochlear implantation (e.g., cochlear aplasia, active middle ear infection); and

(IV) Member must have arrangements for appropriate follow-up care, including the speech therapy required to take full advantage of this device;

D. A second cochlear implant is covered in the contralateral (opposite) ear as medically necessary in an individual with an existing unilateral cochlear implant when the hearing aid in the contralateral ear produces limited or no benefit;

E. The replacement of an existing cochlear implant is covered when either of the following criteria is met:

(I) Currently used component is no longer functional and cannot be repaired; or

(II) Currently used component renders the implant recipient unable to adequately and/or safely perform his/her age-appropriate activities of daily living; and

F. Post-cochlear or ABI rehabilitation program (aural rehabilitation) is covered to achieve benefit from a covered device;

13. Dental care.

A. Dental care is covered for the following:

(I) Treatment to reduce trauma and restorative services limited to dental implants only when the result of accidental injury to sound natural teeth and tissue that are viable, functional, and free of disease. Treatment must be initiated within sixty (60) days of accident; and

(II) Restorative services limited to dental implants when needed as a result of cancerous or non-cancerous tumors and cysts, cancer, and post-surgical sequelae.

B. The administration of general anesthesia, monitored anesthesia care, and hospital charges for dental care are covered for children younger than five (5) years, the severely disabled, or a person with a medical or behavioral condition that requires hospitalization when provided in a network or non-network hospital or surgical center;

14. Diabetes Self-Management Education;

15. Dialysis is covered when received through a network provider;

16. Durable medical equipment (DME) is covered when ordered by a provider to treat an injury or illness. DME includes, but is not limited to, the following:

A. Insulin pumps;

B. Oxygen;

C. Augmentative communication devices;

D. Manual and powered mobility devices;

E. Disposable supplies that do not withstand prolonged use and are periodically replaced, including, but not limited to, the following:

(I) Colostomy and ureterostomy bags;

(II) Prescription compression stockings limited to two (2) pairs or four (4) individual stockings per plan year;

F. Blood pressure cuffs/monitors with a diagnosis of diabetes;

G. Repair and replacement of DME is covered when any of the following criteria are met:

(I) Repairs, including the replacement of essential accessories, which are necessary to make the item or device serviceable;

(II) Routine wear and tear of the equipment renders it non-functional and the member still requires the equipment; or

(III) The provider has documented that the condition of the member changes or if growth-related;

17. Emergency room services. Coverage is for emergency medical conditions. If a member is admitted to the hospital, s/he may be required to transfer to network facility for maximum benefit. Hospital and ancillary charges are paid as a network benefit;

18. Eye glasses and contact lenses. Coverage limited to charges incurred in connection with the fitting of eye glasses or contact lenses for initial placement within one (1) year following cataract surgery;

19. Foot care (trimming of nails, corns, or calluses). Foot care services are covered when administered by a provider and—

A. When associated with systemic conditions that are significant enough to result in severe circulatory insufficiency or areas of desensitization in the lower extremities including, but not limited to, any of the following:

(I) Diabetes mellitus;

(II) Peripheral vascular disease; or

(III) Peripheral neuropathy.

(IV) Evaluation/debridement of mycotic nails, in the absence of a systemic condition, when both of the following conditions are met:

(a) Pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate; and

(b) If the member is ambulatory, pain markedly limits ambulation;

20. Genetic counseling. Pre-test and post-test genetic counseling with a provider or a licensed or certified genetic counselor are covered when a member is recommended for covered heritable genetic testing.

A. Genetic counseling in connection with pregnancy management is covered only for evaluation of any of the following:

(I) Couples who are closely related genetically (e.g., consanguinity, incest);

(II) Familial cancer disorders;

(III) Individuals recognized to be at increased risk for genetic disorders;

(IV) Infertility cases where either parent is known to have a chromosomal abnormality;

(V) Primary amenorrhea, azoospermia, abnormal sexual development, or failure in developing secondary sexual characteristics;

(VI) Mother is a known, or presumed carrier of an X linked recessive disorder;

(VII) One (1) or both parents are known carriers of an autosomal recessive disorder;

(VIII) Parents of a child born with a genetic disorder, birth defect, inborn error of metabolism, or chromosome abnormality;

(IX) Parents of a child with intellectual developmental disorders, autism, developmental delays, or learning disabilities;

(X) Pregnant women who, based on prenatal ultrasound tests or an abnormal multiple marker screening test, maternal serum alpha-fetoprotein (AFP) test, test for sickle cell anemia, or tests for other genetic abnormalities have been told their pregnancy may be at increased risk for complications or birth defects;

(XI) Pregnant women age thirty-five (35) years or older at delivery;

(XII) Pregnant women, or women planning pregnancy, exposed to potentially teratogenic, mutagenic, or carcinogenic agents such as chemicals, drugs, infections, or radiation;

(XIII) Previous unexplained stillbirth or repeated (three (3) or more; two (2) or more among infertile couples) first-trimester miscarriages, where there is suspicion of parental or fetal chromosome abnormalities; or

(XIV) When contemplating pregnancy, either parent affected with an autosomal dominant disorder;

21. Genetic testing.

A. Genetic testing is covered to establish a molecular diagnosis of an inheritable disease when all of the following criteria are met:

(I) The member displays clinical features or is at direct risk of inheriting the mutation in question (pre-symptomatic);

(II) The result of the test will directly impact the treatment being delivered to the member;

(III) The testing method is considered scientifically valid for identification of a genetically-linked heritable disease; and

(IV) After history, physical examination, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain.

B. Genetic testing for the breast cancer susceptibility gene (BRCA) when family history is present;

22. Hair analysis. Chemical hair analysis is covered for the diagnosis of suspected chronic arsenic poisoning. Other purposes are considered experimental and investigational;

23. Hair prostheses. Prostheses and expenses for scalp hair prostheses worn for hair loss are covered for alopecia areata or alopecia totalis for children eighteen (18) years of age or younger. The annual maximum is two hundred dollars (\$200), and the lifetime maximum is three thousand two hundred dollars (\$3,200);

24. Hearing aids (per ear). Hearing aids covered for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss, and mixed hearing loss.

A. Prior to receiving a hearing aid members must receive—

(I) A medical exam by a physician or other qualified provider to identify any medically treatable conditions that may affect hearing; and

(II) A comprehensive hearing test to assess the need for hearing aids conducted by a certified audiologist, hearing instrument specialist, or other provider licensed or certified to administer this test.

B. Covered once every two (2) years. If the cost of one (1) hearing aid exceeds the amount listed below, member is also responsible for charges over that amount.

(I) Conventional: one thousand dollars (\$1,000).

(II) Programmable: two thousand dollars (\$2,000).

(III) Digital: two thousand five hundred dollars (\$2,500).

(IV) Bone Anchoring Hearing Aid (BAHA): three thousand five hundred dollars (\$3,500);

25. Hearing testing. One (1) hearing test per year. Additional hearing tests are covered if recommended by provider;

26. Home health care. Skilled home health nursing care is covered for members who are homebound because of injury or illness (i.e., the member leaves home only with considerable and taxing effort, and absences from home are infrequent or of short duration, or to receive medical care). Services must be performed by a registered nurse or licensed practical nurse, licensed therapist, or a registered dietitian. Covered services include:

A. Home visits instead of visits to the provider's office that do not exceed the usual and customary charge to perform the same service in a provider's office;

B. Intermittent nurse services. Benefits are paid for only one (1) nurse at any one (1) time, not to exceed four (4) hours per twenty-four- (24-) hour period;

C. Nutrition counseling provided by or under the supervision of a registered dietitian;

D. Physical, occupational, respiratory, and speech therapy provided by or under the supervision of a licensed therapist;

E. Medical supplies, drugs, or medication prescribed by provider, and laboratory services to the extent that the plan would have covered them under this plan if the covered person had been in a hospital;

F. A home health care visit is defined as—

(I) A visit by a nurse providing intermittent nurse services (each visit includes up to a four- (4-) hour consecutive visit in a twenty-four- (24-) hour period if clinical eligibility for coverage is met) or a single visit by a therapist or a registered dietitian; and

G. Benefits cannot be provided for any of the following:

(I) Homemaker or housekeeping services;

(II) Supportive environment materials such as handrails, ramps, air conditioners, and telephones;

(III) Services performed by family members or volunteer workers;

(IV) "Meals on Wheels" or similar food service;

(V) Separate charges for records, reports, or transportation;

(VI) Expenses for the normal necessities of living such as food, clothing, and household supplies; and

(VII) Legal and financial counseling services, unless otherwise covered under this plan;

27. Hospice care and palliative services (inpatient or outpatient). Includes bereavement and respite care. Hospice care services, including pre-hospice evaluation or consultation, are covered when the individual is terminally ill and expected to live six (6) months or less, potentially curative treatment for the terminal illness is not part of the prescribed plan of care, the individual or appointed designee has formally consented to hospice care (i.e., care directed mostly toward palliative care and symptom management), and the hospice services are provided by a certified/accredited hospice agency with care available twenty-four (24) hours per day, seven (7) days per week.

A. When the above criteria are met, the following hospice care services are covered:

(I) Assessment of the medical and social needs of the terminally ill person, and a description of the care to meet those needs;

(II) Inpatient care in a facility when needed for pain control and other acute and chronic symptom management, psychological and dietary counseling, physical or occupational therapy, and part-time home health care services;

(III) Outpatient care for other services as related to the terminal illness, which include services of a physician, physical or occupational therapy, and nutrition counseling provided by or under the supervision of a registered dietitian; and

(IV) Bereavement counseling benefits which are received by a member's close relative when directly connected to the member's

death and bundled with other hospice charges. The services must be furnished within twelve (12) months of death;

28. Hospital (includes inpatient, outpatient, and surgical centers).

A. The following benefits are covered:

(I) Semi-private room and board. For network charges, this rate is based on network repricing. For non-network charges, any charge over a semi-private room charge will be a covered expense only when clinical eligibility for coverage is met. If the hospital has no semi-private rooms, the plan will allow the private room rate subject to usual, customary, and reasonable charges or the network rate, whichever is applicable;

(II) Intensive care unit room and board;

(III) Surgery, therapies, and ancillary services including, but not limited to:

(a) Cornea transplant;

(b) Coverage for breast reconstruction surgery or prostheses following mastectomy and lumpectomy is available to both females and males. A diagnosis of breast cancer is not required for breast reconstruction services to be covered, and the timing of reconstructive services is not a factor in coverage;

(c) Sterilization for the purpose of birth control is covered;

(d) Cosmetic/reconstructive surgery is covered to repair a functional disorder caused by disease or injury;

(e) Cosmetic/reconstructive surgery is covered to repair a congenital defect or abnormality for a member younger than nineteen (19) years; and

(f) Blood, blood plasma, and plasma expanders are covered, when not available without charge;

(IV) Inpatient mental health services are covered when authorized by a physician for treatment of a mental health disorder. Inpatient mental health services are covered, subject to all of the following:

(a) Member must be ill in more than one (1) area of daily living to such an extent that s/he is rendered dysfunctional and requires the intensity of an inpatient setting for treatment. Without such inpatient treatment, the member's condition would deteriorate;

(b) The member's mental health disorder must be treatable in an inpatient facility;

(c) The member's mental health disorder must meet diagnostic criteria as described in the most recent edition of the *American Psychiatric Association Diagnostic and Statistical Manual (DSM)*. If outside of the United States, the member's mental health disorder must meet diagnostic criteria established and commonly recognized by the medical community in that region;

(d) The attending provider must be a psychiatrist. If the admitting provider is not a psychiatrist, a psychiatrist must be attending to the member within twenty-four (24) hours of admittance. Such psychiatrist must be United States board-eligible or board-certified. If outside of the United States, inpatient services must be provided by an individual who has received a diploma from a medical school recognized by the government agency in the country where the medical school is located. The attending provider must meet the requirements, if any, set out by the foreign government or regionally-recognized licensing body for treatment of mental health disorders;

(e) Day treatment (partial hospitalization) for mental health services means a day treatment program that offers intensive, multidisciplinary services provided on less than a full-time basis. The program is designed to treat patients with serious mental or nervous disorders and offers major diagnostic, psychosocial, and prevocational modalities. Such programs must be a less-restrictive alternative to inpatient treatment; and

(f) Mental health services received in a residential treatment facility that is licensed by the state in which it operates and provides treatment for mental health disorders is covered. This does not include services provided at a group home. If outside of the United States, the residential treatment facility must be licensed or approved

by the foreign government or an accreditation or licensing body working in that foreign country; and

(V) Outpatient mental health services are covered if the member is at a therapeutic medical or mental health facility and treatment includes measurable goals and continued progress toward functional behavior and termination of treatment. Continued coverage may be denied when positive response to treatment is not evident. Treatment must be provided by one (1) of the following:

(a) A United States board-eligible or board-certified psychiatrist licensed in the state where the treatment is provided;

(b) A therapist with a doctorate or master's degree that denotes a specialty in psychiatry (Psy.D.);

(c) A state-licensed psychologist;

(d) A state-licensed or certified social worker practicing within the scope of his or her license or certification; or

(e) Licensed professional counselor;

29. Infusions are covered when received through a network provider. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit;

30. Injections. See preventive services for coverage of vaccinations. See contraception and sterilization for coverage of birth control injections. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit.

A. B12 injections are covered for the following conditions:

(I) Pernicious anemia;

(II) Crohn's disease;

(III) Ulcerative colitis;

(IV) Inflammatory bowel disease;

(V) Intestinal malabsorption;

(VI) Fish tapeworm anemia;

(VII) Vitamin B12 deficiency;

(VIII) Other vitamin B12 deficiency anemia;

(IX) Macrocytic anemia;

(X) Other specified megaloblastic anemias;

(XI) Megaloblastic anemia;

(XII) Malnutrition of alcoholism;

(XIII) Thrombocytopenia, unspecified;

(XIV) Dementia in conditions classified elsewhere;

(XV) Polyneuropathy in diseases classified elsewhere;

(XVI) Alcoholic polyneuropathy;

(XVII) Regional enteritis of small intestine;

(XVIII) Postgastric surgery syndromes;

(XIX) Other prophylactic chemo-therapy;

(XX) Intestinal bypass or anastomosis status;

(XXI) Acquired absence of stomach;

(XXII) Pancreatic insufficiency; and

(XXIII) Ideopathic progressive polyneuropathy;

31. Lab, X-ray, and other diagnostic procedures. Outpatient diagnostic services are covered when tests or procedures are performed for a specific symptom and to detect or monitor a condition. Professional charges for automated lab services performed by an out-of-network provider are not covered;

32. Maternity coverage. Prenatal and postnatal care is covered. Routine prenatal office visits and screenings recommended by the Health Resources and Services Administration are covered at one hundred percent (100%). Other care is subject to the deductible and coinsurance. Newborns and their mothers are allowed hospital stays of at least forty-eight (48) hours after vaginal birth and ninety-six (96) hours after cesarean section birth. If discharge occurs earlier than specific time periods, the plan shall provide coverage for post discharge care that shall consist of a two- (2-) visit minimum, at least one (1) in the home;

33. Nutritional counseling. Individualized nutritional evaluation and counseling for the management of any medical condition for

which appropriate diet and eating habits are essential to the overall treatment program is covered when ordered by a physician or physician extender and provided by a licensed health-care professional (e.g., a registered dietitian);

34. Nutrition therapy.

A. Nutrition therapy is covered only when the following criteria are met:

(I) Nutrition therapy is the sole source of nutrients or a significant percentage of the daily caloric intake;

(II) Nutrition therapy is used in the treatment of, or in association with, a demonstrable disease, condition, or disorder;

(III) Nutrition therapy is necessary to sustain life or health;

(IV) Nutrition therapy is prescribed by a provider; and

(V) Nutrition therapy is managed, monitored, and evaluated on an on-going basis, by a provider.

B. Only the following types of nutrition therapy are covered:

(I) Enteral Nutrition (EN). EN is the provision of nutritional requirements via the gastrointestinal tract. EN can be taken orally or through a tube into the stomach or small intestine;

(II) Parenteral Nutrition Therapy (PN) and Total Parenteral Nutrition (TPN). PN is liquid nutrition administered through a vein to provide part of daily nutritional requirements. TPN is a type of PN that provides all daily nutrient needs. PN or TPN are covered when the member's nutritional status cannot be adequately maintained on oral or enteral feedings;

(III) Intradialytic Parenteral Nutrition (IDPN). IDPN is a type of PN that is administered to members on chronic hemodialysis during dialysis sessions to provide most nutrient needs. IDPN is covered when the member is on chronic hemodialysis and nutritional status cannot be adequately maintained on oral or enteral feedings;

35. Office visit. Member encounter with a provider for health care, mental health, or substance use disorder in an office, clinic, or ambulatory care facility is covered based on the service, procedure, or related treatment plan;

36. Oral surgery is covered for injury, tumors, or cysts. Oral surgery includes, but is not limited to, reduction of fractures and dislocation of the jaws; external incision and drainage of cellulites; incision of accessory sinuses, salivary glands, or ducts; excision of exostosis of jaws and hard palate; and frenectomy. Treatment must be initiated within sixty (60) days of accident. No coverage for dental care, including oral surgery, as a result of poor dental hygiene. Extractions of bony or partial bony impactions are excluded;

37. Orthognathic or Jaw Surgery. Orthognathic or jaw surgery is covered when one (1) of the following conditions is documented and diagnosed:

A. Acute traumatic injury, and post-surgical sequela;

B. Cancerous or non-cancerous tumors and cysts, cancer, and post-surgical sequela;

C. Cleft lip/palate (for cleft lip/palate related jaw surgery); or

D. Physical or physiological abnormality when one (1) of the following criteria is met:

(I) Anteroposterior Discrepancies—

(a) Maxillary/Mandibular incisor relationship: overjet of 5mm or more, or a 0 to a negative value (norm 2mm);

(b) Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm); or

(c) These values represent two (2) or more standard deviation from published norms;

(II) Vertical Discrepancies—

(a) Presence of a vertical facial skeletal deformity which is two (2) or more standard deviations from published norms for accepted skeletal landmarks;

(b) Open bite with no vertical overlap of anterior teeth or unilateral or bilateral posterior open bite greater than 2mm;

(c) Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch; or

(d) Supraeruption of a dentoalveolar segment due to lack of occlusion;

(III) Transverse Discrepancies—

(a) Presence of a transverse skeletal discrepancy which is two (2) or more standard deviations from published norms; or

(b) Total bilateral maxillary palatal cusp to mandibular-fossa discrepancy of 4mm or greater, or a unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth; or

(IV) Asymmetries—

(a) Anteroposterior, transverse, or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry;

(V) Masticatory (chewing) and swallowing dysfunction due to malocclusion (e.g., inability to incise or chew solid foods, choking on incompletely masticated solid foods, damage to soft tissue during mastication, malnutrition);

(VI) Speech impairment; or

(VII) Obstructive sleep apnea or airway dysfunction;

38. Orthotics.

A. Ankle-Foot Orthosis (AFO) and Knee-Ankle-Foot Orthosis (KAFO).

(I) Basic coverage criteria for AFO and KAFO used during ambulation are as follows:

(a) AFO is covered when used in ambulation for members with weakness or deformity of the foot and ankle, which require stabilization for medical reasons, and have the potential to benefit functionally;

(b) KAFO is covered when used in ambulation for members when the following criteria are met:

I. Member is covered for AFO; and

II. Additional knee stability is required; and

(c) AFO and KAFO that are molded-to-patient-model, or custom-fabricated, are covered when used in ambulation, only when the basic coverage criteria and one (1) of the following criteria are met:

I. The member could not be fitted with a prefabricated AFO;

II. AFO or KAFO is expected to be permanent or for more than six (6) months duration;

III. Knee, ankle, or foot must be controlled in more than one (1) plane;

IV. There is documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or

V. The member has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

(II) AFO and KAFO Not Used During Ambulation.

(a) AFO and KAFO not used in ambulation are covered if the following criteria are met:

I. Passive range of motion test was measured with goniometer and documented in the medical record;

II. Documentation of an appropriate stretching program administered under the care of provider or caregiver;

III. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least ten degrees (10°) (i.e., a non-fixed contracture);

IV. Reasonable expectation of the ability to correct the contracture;

V. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and

VI. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons; or

VII. Member has plantar fasciitis.

(b) Replacement interface for AFO or KAFO is covered only if member continues to meet coverage criteria and is limited to a maximum of one (1) per six (6) months.

B. Cast Boot, Post-Operative Sandal or Shoe, or Healing Shoe. A cast boot, post-operative sandal or shoe, or healing shoe is covered for one (1) of the following indications:

(I) To protect a cast from damage during weight-bearing

activities following injury or surgery;

(II) To provide appropriate support and/or weight-bearing surface to a foot following surgery;

(III) To promote good wound care and/or healing via appropriate weight distribution and foot protection; or

(IV) When the patient is currently receiving treatment for lymphedema and the foot cannot be fitted into conventional footwear.

C. Cranial Orthoses. Cranial orthosis is covered for Synostotic and Non-Synostotic Plagiocephaly. Plagiocephaly is an asymmetrically shaped head. Synostotic Plagiocephaly is due to premature closure of cranial sutures. Non-Synostotic Plagiocephaly is from positioning or deformation of the head. Cranial orthosis is the use of a special helmet or band on the head which aids in molding the shape of the cranium to normal. Initial reimbursement shall cover any subsequent revisions.

D. Elastic Supports. Elastic supports are covered when prescribed for one (1) of the following indications:

(I) Severe or incapacitating vascular problems, such as acute thrombophlebitis, massive venous stasis, or pulmonary embolism;

(II) Venous insufficiency;

(III) Varicose veins;

(IV) Edema of lower extremities;

(V) Edema during pregnancy; or

(VI) Lymphedema.

E. Footwear Incorporated Into a Brace for Members with Skeletally Mature Feet. Footwear incorporated into a brace must be billed by the same supplier billing for the brace. The following types of footwear incorporated into a brace are covered:

(I) Orthopedic footwear;

(II) Other footwear such as high top, depth inlay, or custom;

(III) Heel replacements, sole replacements, and shoe transfers involving shoes on a brace;

(IV) Inserts for a shoe that is an integral part of a brace and are required for the proper functioning of the brace; or

(V) Other shoe modifications if they are on a shoe that is an integral part of a brace and are required for the proper functioning of the brace.

F. Foot Orthoses. Custom, removable foot orthoses are covered for members who meet the following criteria:

(I) Member with skeletally mature feet who has any of the following conditions:

(a) Acute plantar fasciitis;

(b) Acute sport-related injuries with diagnoses related to inflammatory problems such as bursitis or tendonitis;

(c) Calcaneal bursitis (acute or chronic);

(d) Calcaneal spurs (heel spurs);

(e) Conditions related to diabetes;

(f) Inflammatory conditions (e.g., sesamoiditis, submetatarsal bursitis, synovitis, tenosynovitis, synovial cyst, osteomyelitis, and plantar fascial fibromatosis);

(g) Medial osteoarthritis of the knee;

(h) Musculoskeletal/arthropathic deformities including deformities of the joint or skeleton that impairs walking in a normal shoe (e.g., bunions, hallux valgus, talipes deformities, pes deformities, or anomalies of toes);

(i) Neurologically impaired feet including neuroma, tarsal tunnel syndrome, ganglionic cyst;

(j) Neuropathies involving the feet, including those associated with peripheral vascular disease, diabetes, carcinoma, drugs, toxins, and chronic renal disease; or

(k) Vascular conditions including ulceration, poor circulation, peripheral vascular disease, Buerger's disease (thromboangiitis obliterans), and chronic thrombophlebitis;

(II) Member with skeletally immature feet who has any of the following conditions:

(a) Hallux valgus deformities;

(b) In-toe or out-toe gait;

(c) Musculoskeletal weakness such as pronation or pes planus;

(d) Structural deformities such as tarsal coalitions; or

(e) Torsional conditions such as metatarsus adductus, tibial torsion, or femoral torsion.

G. Helmets. Helmets are covered when cranial protection is required due to a documented medical condition that makes the member susceptible to injury during activities of daily living.

H. Hip Orthosis. Hip orthosis is covered for one (1) of the following indications:

(I) To reduce pain by restricting mobility of the hip;

(II) To facilitate healing following an injury to the hip or related soft tissues;

(III) To facilitate healing following a surgical procedure of the hip or related soft tissue; or

(IV) To otherwise support weak hip muscles or a hip deformity.

I. Knee Orthosis. Knee orthosis is covered for one (1) of the following indications:

(I) To reduce pain by restricting mobility of the knee;

(II) To facilitate healing following an injury to the knee or related soft tissues;

(III) To facilitate healing following a surgical procedure on the knee or related soft tissue; or

(IV) To otherwise support weak knee muscles or a knee deformity.

J. Orthopedic Footwear for Diabetic Members.

(I) Orthopedic footwear, therapeutic shoes, inserts, or modifications to therapeutic shoes are covered for diabetic members if any following criteria are met:

(a) Previous amputation of the other foot or part of either foot;

(b) History of previous foot ulceration of either foot;

(c) History of pre-ulcerative calluses of either foot;

(d) Peripheral neuropathy with evidence of callus formation of either foot;

(e) Foot deformity of either foot; or

(f) Poor circulation in either foot.

(II) Coverage is limited to one (1) of the following within one (1) year:

(a) One (1) pair of custom molded shoes (which includes inserts provided with these shoes) and two (2) additional pairs of inserts;

(b) One (1) pair of depth shoes and three (3) pairs of inserts (not including the non-customized removable inserts provided with such shoes); or

(c) Up to three (3) pairs of inserts not dispensed with diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed.

K. Orthotic-Related Supplies. Orthotic-related supplies are covered when necessary for the function of the covered orthotic device.

L. Spinal Orthoses. A thoracic-lumbar-sacral orthosis, lumbar orthosis, lumbar-sacral orthosis, and cervical orthosis are covered for the following indications:

(I) To reduce pain by restricting mobility of the trunk;

(II) To facilitate healing following an injury to the spine or related soft tissues;

(III) To facilitate healing following a surgical procedure of the spine or related soft tissue; or

(IV) To otherwise support weak spinal muscles or a deformed spine.

M. Trusses. Trusses are covered when a hernia is reducible with the application of a truss.

N. Upper Limb Orthosis. Upper limb orthosis is covered for the following indications:

(I) To reduce pain by restricting mobility of the joint(s);

(II) To facilitate healing following an injury to the joint(s) or related soft tissues; or

(III) To facilitate healing following a surgical procedure of the joint(s) or related soft tissue.

O. Orthotic Device Replacement. When repairing an item that is no longer cost-effective and is out of warranty, the plan will consider replacing the item subject to review of medical necessity and life expectancy of the device;

39. Preventive services.

A. Services recommended by the U.S. Preventive Services Task Force (categories A and B).

B. Vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

C. Preventive care and screenings for infants, children, and adolescents supported by the Health Resources and Services Administration.

D. Preventive care and screenings for women supported by the Health Resources and Services Administration.

E. Preventive exams and other services ordered as part of the exam. For benefits to be covered as preventive, they must be coded by the provider as routine, without indication of an injury or illness.

F. Cancer screenings. One (1) per calendar year. Additional screenings beyond one (1) per calendar year covered as diagnostic unless otherwise specified—

(I) Mammograms—no age limit. Standard two-dimensional (2D) breast mammography and breast tomosynthesis (three-dimensional (3D) mammography);

(II) Pap smears—no age limit;

(III) Prostate—no age limit; and

(IV) Colorectal screening—no age limit.

G. Online weight management program offered through the plan's exclusive provider arrangement;

40. Prostheses (prosthetic devices). Basic equipment that meets medical needs. Repair and replacement is covered due to normal wear and tear, if there is a change in medical condition, or if growth-related;

41. Pulmonary rehabilitation. Comprehensive, individualized, goal-directed outpatient pulmonary rehabilitation covered for pre- and post-operative intervention for lung transplantation and lung volume reduction surgery (LVRS) or when all of the following apply:

A. Member has a reduction of exercise tolerance that restricts the ability to perform activities of daily living (ADL) or work;

B. Member has chronic pulmonary disease (including asthma, emphysema, chronic bronchitis, chronic airflow obstruction, cystic fibrosis, alpha-1 antitrypsin deficiency, pneumoconiosis, asbestosis, radiation pneumonitis, pulmonary fibrosis, pulmonary alveolar proteinosis, pulmonary hemosiderosis, fibrosing alveolitis), or other conditions that affect pulmonary function such as ankylosing spondylitis, scoliosis, myasthenia gravis, muscular dystrophy, Guillain-Barré syndrome, or other infective polyneuritis, sarcoidosis, paralysis of diaphragm, or bronchopulmonary dysplasia; and

C. Member has a moderate to moderately severe functional pulmonary disability, as evidenced by either of the following, and does not have any concomitant medical condition that would otherwise imminently contribute to deterioration of pulmonary status or undermine the expected benefits of the program (e.g., symptomatic coronary artery disease, congestive heart failure, myocardial infarction within the last six (6) months, dysrhythmia, active joint disease, claudication, malignancy):

(I) A maximal pulmonary exercise stress test under optimal bronchodilatory treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake (VO_2 max) equal to or less than twenty milliliters per kilogram per minute (20 mL/kg/min), or about five (5) metabolic equivalents (METS); or

(II) Pulmonary function tests showing that either the Forced Expiratory Volume in One Second (FEV1), Forced Vital Capacity (FVC), FEV1/FVC, or Diffusing Capacity of the Lung for

Carbon Monoxide (DLCO) is less than sixty percent (60%) of that predicted;

42. Skilled Nursing Facility. Skilled nursing facility services are covered up to one hundred twenty (120) days per calendar year;

43. Telehealth Services. Telehealth services are covered for the diagnosis, consultation, or treatment of a member on the same basis that the service would be covered when it is delivered in person;

44. Therapy. Physical, occupational, and speech therapy are covered when prescribed by a provider and subject to the provisions below:

A. Physical therapy.

(I) Physical therapy must meet the following criteria:

(a) The program is designed to improve lost or impaired physical function or reduce pain resulting from illness, injury, congenital defect, or surgery;

(b) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(c) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

B. Occupational therapy must meet the following criteria:

(I) The program is designed to improve or compensate for lost or impaired physical functions, particularly those affecting activities of daily living, resulting from illness, injury, congenital defect, or surgery;

(II) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(III) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

C. Speech therapy.

(I) All of the following criteria must be met for coverage of speech therapy:

(a) The therapy requires one-to-one intervention and supervision of a speech-language pathologist;

(b) The therapy plan includes specific tests and measures that will be used to document significant progress every two (2) weeks;

(c) Meaningful improvement is expected;

(d) The therapy includes a transition from one-to-one supervision to a self- or caregiver- provided maintenance program upon discharge; and

(e) One (1) of the following:

I. Member has severe impairment of speech-language; and an evaluation has been completed by a certified speech-language pathologist that includes age-appropriate standardized tests to measure the extent of the impairment, performance deviation, and language and pragmatic skill assessment levels; or

II. Member has a significant voice disorder that is the result of anatomic abnormality, neurological condition, or injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, post-operative vocal cord surgery);

45. Transplants. Stem cell, kidney, liver, heart, lung, pancreas, small bowel, or any combination are covered. Includes services related to organ procurement and donor expenses if not covered under another plan. Member must contact medical plan for arrangements.

A. Network includes travel and lodging allowance for the transplant recipient and an immediate family travel companion when the transplant facility is more than fifty (50) miles from the recipient's residence. If the recipient is younger than age nineteen (19) years, travel and lodging is covered for both parents. The transplant recipient must be with the travel companion or parent(s) for the travel companion's or parent(s)' travel expense to be reimbursable. Combined travel and lodging expenses are limited to a ten thousand dollar (\$10,000) maximum per transplant.

(I) Lodging—maximum lodging expenses shall not exceed the per diem rates as established annually by U.S. General Services Administration (GSA) for a specific city or county. Go to www.gsa.gov for per diem rates.

(II) Travel—IRS standard medical mileage rates (same as

flexible spending account (FSA) reimbursement).

(III) Meals—not covered.

B. Non-network. Charges above the maximum for services rendered at a non-network facility are the member's responsibility and do not apply to the member's deductible or out-of-pocket maximum. Travel, lodging, and meals are not covered;

46. Urgent care. Member encounter with a provider for urgent care is covered based on the service, procedure, or related treatment plan; and

47. Vision. One (1) routine exam and refraction is covered per calendar year.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director rescinds a rule as follows:

22 CSR 10-2.060 PPO 300 Plan, PPO 600 Plan, and Health Savings Account Plan Limitations is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3564). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

22 CSR 10-2.061 Plan Limitations is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3564–3566). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care

Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.075 Review and Appeals Procedure is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3566). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.080 Miscellaneous Provisions is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3566–3567). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

22 CSR 10-2.088 Medicare Advantage Plan for Non-Active Medicare Primary Members is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3567). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care

Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.089 Pharmacy Employer Group Waiver Plan for Medicare Primary Members **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3567-3568). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.090 Pharmacy Benefit Summary **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3568-3570). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.110 General Foster Parent Membership Provisions **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3570-3572). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care

Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.140 Strive for Wellness® Health Center Provisions, Charges, and Services **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3572). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-3.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3579). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the definition for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend section (19).

22 CSR 10-3.010 Definitions

(19) Diabetes Self-Management Education. A program prescribed by a provider and facilitated by health care professionals with the appropriate credentials, training, and experience to educate and support members with diabetes.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows

22 CSR 10-3.020 General Membership Provisions **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3,

2018 (43 MoReg 3579–3582). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-3.045 Plan Utilization Review Policy is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3582–3583). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director rescinds a rule as follows:

22 CSR 10-3.053 PPO 1000 Plan Benefit Provisions and Covered Charges is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3583). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-3.055 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3584). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend section (8).

22 CSR 10-3.055 Health Savings Account Plan Benefit Provisions and Covered Charges

(8) Four (4) Diabetes Self-Management Education visits received through a network provider are covered at one hundred percent (100%) after deductible is met.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director rescinds a rule as follows:

22 CSR 10-3.056 PPO 600 Plan Benefit Provisions and Covered Charges is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3584). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-3.057 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3584–3593). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health

Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend paragraph (3)(E)14.

22 CSR 10-3.057 Medical Plan Benefit Provisions and Covered Charges

(3) Covered Charges Applicable to the PPO 750 Plan, PPO 1250, and HSA Plan.

(E) Plan benefits for the PPO 750 Plan, PPO 1250, and HSA Plan are as follows:

1. Allergy Testing and Immunotherapy. Allergy testing and allergy immunotherapy are considered medically necessary for members with clinically significant allergic symptoms. The following tests and treatments are covered:

A. EpiCutaneous (scratch, prick, or puncture) when Immunoglobulin E- (IgE-) mediated reactions occur to any of the following:

- (I) Foods;
- (II) Hymenoptera venom (stinging insects);
- (III) Inhalants; or
- (IV) Specific drugs (penicillins and macromolecular agents);

B. Intradermal (Intracutaneous) when IgE-mediated reactions occur to any of the following:

- (I) Foods;
- (II) Hymenoptera venom (stinging insects);
- (III) Inhalants; or
- (IV) Specific drugs (penicillins and macromolecular agents);

C. Skin or Serial Endpoint Titration (SET), also known as intradermal dilutional testing (IDT), for determining the starting dose for immunotherapy for members highly allergic to any of the following:

- (I) Hymenoptera venom (stinging insects); or
- (II) Inhalants;

D. Skin Patch Testing: for diagnosing contact allergic dermatitis;

E. Photo Patch Testing: for diagnosing photo-allergy (such as photo-allergic contact dermatitis);

F. Photo Tests: for evaluating photo-sensitivity disorders;

G. Bronchial Challenge Test: for testing with methacholine, histamine, or antigens in defining asthma or airway hyperactivity when either of the following conditions is met:

(I) Bronchial challenge test is being used to identify new allergens for which skin or blood testing has not been validated; or

(II) Skin testing is unreliable;

H. Exercise Challenge Testing for exercise-induced bronchospasm;

I. Ingestion (Oral) Challenge Test for any of the following:

- (I) Food or other substances; or
- (II) Drugs when all of the following are met:
 - (a) History of allergy to a particular drug;
 - (b) There is no effective alternative drug; and
 - (c) Treatment with that drug class is essential;

J. In Vitro IgE Antibody Tests (RAST, MAST, FAST, ELISA, ImmunoCAP) are covered for any of the following:

(I) Allergic broncho-pulmonary aspergillosis (ABPA) and certain parasitic diseases;

- (II) Food allergy;
- (III) Hymenoptera venom allergy (stinging insects);
- (IV) Inhalant allergy; or
- (V) Specific drugs;

K. Total Serum IgE for diagnostic evaluation in members with known or suspected ABPA and/or hyper IgE syndrome;

L. Lymphocyte transformation tests such as lymphocyte mitogen response test, PHE stimulation test, or lymphocyte antigen response assay are covered for evaluation of persons with any of the following suspected conditions:

(I) Sensitivity to beryllium;

(II) Congenital or acquired immunodeficiency diseases affecting cell-mediated immunity, such as severe combined immunodeficiency, common variable immunodeficiency, X-linked immunodeficiency with hyper IgM, Nijmegen breakage syndrome, reticular dysgenesis, DiGeorge syndrome, Nezelof syndrome, Wiscott-Aldrich syndrome, ataxia telangiectasia, and chronic mucocutaneous candidiasis;

(III) Thymoma; and

(IV) To predict allograft compatibility in the transplant setting;

M. Allergy retesting: routine allergy retesting is not considered medically necessary;

N. Allergy immunotherapy is covered for the treatment of any of the following IgE-mediated allergies:

(I) Allergic (extrinsic) asthma;

(II) Dust mite atopic dermatitis;

(III) Hymenoptera (bees, hornets, wasps, fire ants) sensitive individuals;

(IV) Mold-induced allergic rhinitis;

(V) Perennial rhinitis;

(VI) Seasonal allergic rhinitis or conjunctivitis when one (1) of the following conditions are met:

(a) Member has symptoms of allergic rhinitis or asthma after natural exposure to the allergen;

(b) Member has a life-threatening allergy to insect stings; or

(c) Member has skin test or serologic evidence of IgE mediated antibody to a potent extract of the allergen; and

(VII) Avoidance or pharmacologic therapy cannot control allergic symptoms or member has unacceptable side effects with pharmacologic therapy;

O. Other treatments: the following other treatments are covered:

(I) Rapid, rush, cluster, or acute desensitization for members with any of the following conditions:

(a) IgE antibodies to a particular drug that cannot be treated effectively with alternative medications;

(b) Insect sting (e.g., wasps, hornets, bees, fire ants) hypersensitivity (hymenoptera); or

(c) Members with moderate to severe allergic rhinitis who need treatment during or immediately before the season of the affecting allergy;

(II) Rapid desensitization is considered experimental and investigational for other indications;

P. Epinephrine kits, to prevent anaphylactic shock for members who have had life-threatening reactions to insect stings, foods, drugs, or other allergens; have severe asthma or if needed during immunotherapy;

2. Ambulance service. The following ambulance transport services are covered:

A. By ground to the nearest appropriate facility when other means of transportation would be contraindicated;

B. By air to the nearest appropriate facility when the member's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate or contraindicated;

3. Applied Behavior Analysis (ABA) for Autism;

4. Bariatric surgery. Bariatric surgery is covered when all of the following requirements have been met:

A. The surgery is performed at a facility accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) for the billed procedure;

B. The following open or laparoscopic bariatric surgery

procedures are covered:

- (I) Roux-en-Y gastric bypass;
- (II) Sleeve gastrectomy;
- (III) Biliopancreatic diversion with duodenal switch for individuals with a body mass index (BMI) greater than fifty (50);
- (IV) Adjustable silicone gastric banding and adjustments of a silicone gastric banding to control the rate of weight loss and/or treat symptoms secondary to gastric restriction following an adjustable silicone gastric banding procedure;

(V) Surgical reversal of bariatric surgery when complications of the original surgery (e.g., stricture, pouch dilatation, erosion, or band slippage) cause abdominal pain, inability to eat or drink, or cause vomiting of prescribed meals;

(VI) Revision of a previous bariatric surgical procedure or conversion to another procedure due to inadequate weight loss when one (1) of the following specific criteria has been met:

(a) There is evidence of full compliance with the previously prescribed post-operative dietary and exercise program; or

(b) There is documented clinical testing demonstrating technical failure of the original bariatric surgical procedure which caused the individual to fail achieving adequate weight loss of at least fifty percent (50%) of excess body weight or failure to achieve body weight to within thirty percent (30%) of ideal body weight at least two (2) years following the original surgery;

C. All of the following criteria have been met:

(I) The member is eighteen (18) years or older or has reached full skeletal growth, and has evidence of one (1) of the following:

(a) BMI greater than forty (40); or

(b) BMI between thirty-five (35) and thirty-nine and nine tenths (39.9) and one (1) or more of the following:

I. Type II diabetes;

II. Cardiovascular disease such as stroke, myocardial infarction, stable or unstable angina pectoris, hypertension, or coronary artery bypass; or

III. Life-threatening cardiopulmonary problems such as severe sleep apnea, Pickwickian syndrome, or obesity-related cardiomyopathy; and

(II) Demonstration that dietary attempts at weight control have been ineffective through completion of a structured diet program. Commercial weight loss programs are acceptable if completed under the direction of a provider or registered dietitian and documentation of participation is available for review. One (1) structured diet program for six (6) consecutive months or two (2) structured diet programs for three (3) consecutive months each within a two- (2-) year period prior to the request for the surgical treatment of morbid obesity are sufficient. Provider-supervised programs consisting exclusively of pharmacological management are not sufficient; and

(III) A thorough multidisciplinary evaluation within the previous twelve (12) months, which include all of the following:

(a) An evaluation by a bariatric surgeon recommending surgical treatment, including a description of the proposed procedure and all of the associated current procedural terminology codes;

(b) A separate medical evaluation from a provider other than the surgeon recommending surgery that includes a medical clearance for bariatric surgery;

(c) Completion of a psychological examination from a mental health provider evaluating the member's readiness and fitness for surgery and the necessary post-operative lifestyle changes. After the evaluation, the mental health provider must provide clearance for bariatric surgery; and

(d) A nutritional evaluation by a provider or registered dietitian;

5. Blood storage. Storage of whole blood, blood plasma, and blood products is covered in conjunction with medical treatment that requires immediate blood transfusion support;

6. Bone Growth Stimulators. Implantable bone growth stimulators are covered as an outpatient surgery benefit. The following non-

implantable bone growth stimulators are covered as a durable medical equipment benefit:

A. Ultrasonic osteogenesis stimulator (e.g., the Sonic Accelerated Fracture Healing System (SAFHS)) to accelerate healing of fresh fractures, fusions, or delayed unions at either of the following high-risk sites:

(I) Fresh fractures, fusions, or delayed unions of the shaft (diaphysis) of the tibia that are open or segmental; or

(II) Fresh fractures, fusions, or delayed unions of the scaphoid (carpal navicular);

B. Ultrasonic osteogenesis stimulator for non-unions, failed arthrodesis, and congenital pseudarthrosis (pseudoarthrosis) of the appendicular skeleton if there has been no progression of healing for three (3) or more months despite appropriate fracture care; or

C. Direct current electrical bone-growth stimulator is covered for the following indications:

(I) Delayed unions of fractures or failed arthrodesis at high-risk sites (i.e., open or segmental tibial fractures, carpal navicular fractures);

(II) Non-unions, failed fusions, and congenital pseudarthrosis where there is no evidence of progression of healing for three (3) or more months despite appropriate fracture care; or

(III) Members who are at high risk for spinal fusion failure when any of the following criteria is met:

(a) A multiple-level fusion entailing three (3) or more vertebrae (e.g., L3 to L5, L4 to S1, etc.);

(b) Grade II or worse spondylolisthesis; or

(c) One (1) or more failed fusions;

7. Contraception and Sterilization. All Food and Drug Administration- (FDA-) approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity;

8. Cardiac rehabilitation. An electrocardiographically-monitored program of outpatient cardiac rehabilitation (Phase II) is covered for specific criteria when it is individually prescribed by a provider and a formal exercise stress test is completed following the event and prior to the initiation of the program. Cardiac rehabilitation is covered for members who meet one (1) of the following criteria:

A. Acute myocardial infarction (MI) (heart attack in the last twelve (12) months);

B. Coronary artery bypass grafting (CABG);

C. Stable angina pectoris;

D. Percutaneous coronary vessel remodeling;

E. Valve replacement or repair;

F. Heart transplant;

G. Coronary artery disease (CAD) associated with chronic stable angina that has failed to respond adequately to pharmacotherapy and is interfering with the ability to perform age-related activities of daily living and/or impairing functional abilities; or

H. Heart failure that has failed to respond adequately to pharmacotherapy and is interfering with the ability to perform age-related activities of daily living and/or impairing functional abilities;

9. Chelation therapy. The administration of FDA-approved chelating agents is covered for any of the following conditions:

A. Genetic or hereditary hemochromatosis;

B. Lead overload in cases of acute or long-term lead exposure;

C. Secondary hemochromatosis due to chronic iron overload due to transfusion-dependent anemias (e.g., Thalassemias, Cooley's anemia, sickle cell anemia, sideroblastic anemia);

D. Copper overload in patients with Wilson's disease;

E. Arsenic, mercury, iron, copper, or gold poisoning when long-term exposure to and toxicity has been confirmed through lab results or clinical findings consistent with metal toxicity;

F. Aluminum overload in chronic hemodialysis patients;

G. Emergency treatment of hypercalcemia;

H. Prophylaxis against doxorubicin-induced cardiomyopathy;

- I. Internal plutonium, americium, or curium contamination; or
- J. Cystinuria;
10. Chiropractic services. Chiropractic manipulation and adjunct therapeutic procedures/modalities (e.g., mobilization, therapeutic exercise, traction) are covered when all of the following conditions are met:
- A. A neuromusculoskeletal condition is diagnosed that may be relieved by standard chiropractic treatment in order to restore optimal function;
- B. Chiropractic care is being performed by a licensed doctor of chiropractic who is practicing within the scope of his/her license as defined by state law;
- C. The individual is involved in a treatment program that clearly documents all of the following:
- (I) A prescribed treatment program that is expected to result in significant therapeutic improvement over a clearly defined period of time;
- (II) The symptoms being treated;
- (III) Diagnostic procedures and results;
- (IV) Frequency, duration, and results of planned treatment modalities;
- (V) Anticipated length of treatment plan with identification of quantifiable, attainable short-term and long-term goals; and
- (VI) Demonstrated progress toward significant functional gains and/or improved activity tolerances;
- D. Following previous successful treatment with chiropractic care, acute exacerbation or re-injury are covered when all of the following criteria are met:
- (I) The member reached maximal therapeutic benefit with prior chiropractic treatment;
- (II) The member was compliant with a self-directed home-care program;
- (III) Significant therapeutic improvement is expected with continued treatment; and
- (IV) The anticipated length of treatment is expected to be short-term (e.g., no more than six (6) visits within a three- (3-) week period);
11. Clinical trials. Routine member care costs incurred as the result of a Phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition are covered when—
- A. The study or investigation is conducted under an investigational new drug application reviewed by the FDA; or
- B. Is a drug trial that is exempt from having such an investigational new drug application. Life-threatening condition means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted; and
- C. Routine member care costs include all items and services consistent with the coverage provided in plan benefits that would otherwise be covered for a member not enrolled in a clinical trial. Routine patient care costs do not include the investigational item, device, or service itself; items and services that are provided solely to satisfy data collection and analysis needs and are not used in the direct clinical management of the member; or a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis;
- D. The member must be eligible to participate in the clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition; and
- E. The clinical trial must be approved or funded by one (1) of the following:
- (I) National Institutes of Health (NIH);
- (II) Centers for Disease Control and Prevention (CDC);
- (III) Agency for Health Care Research and Quality;
- (IV) Centers for Medicare & Medicaid Services (CMS);
- (V) A cooperative group or center of any of the previously named agencies or the Department of Defense or the Department of Veterans Affairs;
- (VI) A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants; or
- (VII) A study or investigation that is conducted by the Department of Veterans Affairs, the Department of Defense, or the Department of Energy and has been reviewed and approved to be comparable to the system of peer review of studies and investigations used by the NIH and assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review;
12. Cochlear implant device. Uniaural (monaural) or binaural (bilateral) cochlear implantation and necessary replacement batteries are covered for a member with bilateral, pre- or post-linguistic, sensorineural, moderate-to-profound hearing impairment when there is reasonable expectation that a significant benefit will be achieved from the device and when the following age-specific criteria are met:
- A. Auditory brainstem implant. Auditory brainstem implant (ABI) covered for the diagnosis of neurofibromatosis type II, von Recklinghausen's disease, or when a member is undergoing bilateral removal of tumors of the auditory nerves, and it is anticipated that the member will become completely deaf as a result of the surgery, or the member had bilateral auditory nerve tumors removed and is now bilaterally deaf;
- (I) For an adult (age eighteen (18) years or older) with BOTH of the following:
- (a) Bilateral, severe to profound sensorineural hearing loss determined by a pure-tone average of seventy (70) decibels (dB) hearing loss or greater at five hundred (500) hertz (Hz), one thousand (1000) Hz, and two thousand (2000) Hz; and
- (b) Member has limited benefit from appropriately fitted binaural hearing aids. Limited benefit from amplification is defined by test scores of forty percent (40%) correct or less in best-aided listening condition on open-set sentence cognition (e.g., Central Institute for the Deaf (CID) sentences, Hearing in Noise Test (HINT) sentences, and Consonant-Nucleus-Consonant (CNC) test);
- (II) For a child age twelve (12) months to seventeen (17) years, eleven (11) months with both of the following:
- (a) Profound, bilateral sensorineural hearing loss with thresholds of ninety (90) dB or greater at one thousand (1000) Hz; and
- (b) Limited or no benefit from a three- (3-) month trial of appropriately fitted binaural hearing aids;
- (III) For children four (4) years of age or younger, with one (1) of the following:
- (a) Failure to reach developmentally appropriate auditory milestones measured using the Infant-Toddler Meaningful Auditory Integration Scale, the Meaningful Auditory Integration Scale, or the Early Speech Perception test; or
- (b) Less than twenty percent (20%) correct on open-set word recognition test Multisyllabic Lexical Neighborhood Test (MLNT) in conjunction with appropriate amplification and participation in intensive aural habilitation over a three- (3-) to six- (6-) month period;
- (IV) For children older than four (4) years of age with one (1) of the following:
- (a) Less than twelve percent (12%) correct on the Phonetically Balanced-Kindergarten Test; or
- (b) Less than thirty percent (30%) correct on the HINT for children, the open-set Multisyllabic Lexical Neighborhood Test (MLNT) or Lexical Neighborhood Test (LNT), depending on the child's cognitive ability and linguistic skills; and
- (V) A three- (3-) to six- (6-) month hearing aid trial has been undertaken by a child without previous experience with hearing aids;
- B. Radiologic evidence of cochlear ossification;
- C. The following additional medical necessity criteria must also be met for uniaural (monaural) or binaural (bilateral) cochlear

implantation in adults and children:

(I) Member must be enrolled in an educational program that supports listening and speaking with aided hearing;

(II) Member must have had an assessment by an audiologist and from an otolaryngologist experienced in this procedure indicating the likelihood of success with this device;

(III) Member must have no medical contraindications to cochlear implantation (e.g., cochlear aplasia, active middle ear infection); and

(IV) Member must have arrangements for appropriate follow-up care, including the speech therapy required to take full advantage of this device;

D. A second cochlear implant is covered in the contralateral (opposite) ear as medically necessary in an individual with an existing unilateral cochlear implant when the hearing aid in the contralateral ear produces limited or no benefit;

E. The replacement of an existing cochlear implant is covered when either of the following criteria is met:

(I) Currently used component is no longer functional and cannot be repaired; or

(II) Currently used component renders the implant recipient unable to adequately and/or safely perform his/her age-appropriate activities of daily living; and

F. Post-cochlear or ABI rehabilitation program (aural rehabilitation) is covered to achieve benefit from a covered device;

13. Dental care.

A. Dental care is covered for the following:

(I) Treatment to reduce trauma and restorative services limited to dental implants only when the result of accidental injury to sound natural teeth and tissue that are viable, functional, and free of disease. Treatment must be initiated within sixty (60) days of accident; and

(II) Restorative services limited to dental implants when needed as a result of cancerous or non-cancerous tumors and cysts, cancer, and post-surgical sequelae.

B. The administration of general anesthesia, monitored anesthesia care, and hospital charges for dental care are covered for children younger than five (5) years, the severely disabled, or a person with a medical or behavioral condition that requires hospitalization when provided in a network or non-network hospital or surgical center;

14. Diabetes Self-Management Education;

15. Dialysis is covered when received through a network provider;

16. Durable medical equipment (DME) is covered when ordered by a provider to treat an injury or illness. DME includes, but is not limited to, the following:

A. Insulin pumps;

B. Oxygen;

C. Augmentative communication devices;

D. Manual and powered mobility devices;

E. Disposable supplies that do not withstand prolonged use and are periodically replaced, including, but not limited to, the following:

(I) Colostomy and ureterostomy bags;

(II) Prescription compression stockings limited to two (2) pairs or four (4) individual stockings per plan year;

F. Blood pressure cuffs/monitors with a diagnosis of diabetes;

G. Repair and replacement of DME is covered when any of the following criteria are met:

(I) Repairs, including the replacement of essential accessories, which are necessary to make the item or device serviceable;

(II) Routine wear and tear of the equipment renders it non-functional and the member still requires the equipment; or

(III) The provider has documented that the condition of the member changes or if growth-related;

17. Emergency room services. Coverage is for emergency medical conditions. If a member is admitted to the hospital, s/he may be

required to transfer to network facility for maximum benefit. Hospital and ancillary charges are paid as a network benefit;

18. Eye glasses and contact lenses. Coverage limited to charges incurred in connection with the fitting of eye glasses or contact lenses for initial placement within one (1) year following cataract surgery;

19. Foot care (trimming of nails, corns, or calluses). Foot care services are covered when administered by a provider and—

A. When associated with systemic conditions that are significant enough to result in severe circulatory insufficiency or areas of desensitization in the lower extremities including, but not limited to, any of the following:

- (I) Diabetes mellitus;
- (II) Peripheral vascular disease; or
- (III) Peripheral neuropathy.

(IV) Evaluation/debridement of mycotic nails, in the absence of a systemic condition, when both of the following conditions are met:

(a) Pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate; and

(b) If the member is ambulatory, pain markedly limits ambulation;

20. Genetic counseling. Pre-test and post-test genetic counseling with a provider or a licensed or certified genetic counselor are covered when a member is recommended for covered heritable genetic testing.

A. Genetic counseling in connection with pregnancy management is covered only for evaluation of any of the following:

(I) Couples who are closely related genetically (e.g., consanguinity, incest);

(II) Familial cancer disorders;

(III) Individuals recognized to be at increased risk for genetic disorders;

(IV) Infertility cases where either parent is known to have a chromosomal abnormality;

(V) Primary amenorrhea, azoospermia, abnormal sexual development, or failure in developing secondary sexual characteristics;

(VI) Mother is a known, or presumed carrier of an X-linked recessive disorder;

(VII) One (1) or both parents are known carriers of an autosomal recessive disorder;

(VIII) Parents of a child born with a genetic disorder, birth defect, inborn error of metabolism, or chromosome abnormality;

(IX) Parents of a child with intellectual developmental disorders, autism, developmental delays, or learning disabilities;

(X) Pregnant women who, based on prenatal ultrasound tests or an abnormal multiple marker screening test, maternal serum alpha-fetoprotein (AFP) test, test for sickle cell anemia, or tests for other genetic abnormalities have been told their pregnancy may be at increased risk for complications or birth defects;

(XI) Pregnant women age thirty-five (35) years or older at delivery;

(XII) Pregnant women, or women planning pregnancy, exposed to potentially teratogenic, mutagenic, or carcinogenic agents such as chemicals, drugs, infections, or radiation;

(XIII) Previous unexplained stillbirth or repeated (three (3) or more; two (2) or more among infertile couples) first-trimester miscarriages, where there is suspicion of parental or fetal chromosome abnormalities; or

(XIV) When contemplating pregnancy, either parent affected with an autosomal dominant disorder;

21. Genetic testing.

A. Genetic testing is covered to establish a molecular diagnosis of an inheritable disease when all of the following criteria are met:

(I) The member displays clinical features or is at direct risk of inheriting the mutation in question (pre-symptomatic);

(II) The result of the test will directly impact the treatment

being delivered to the member;

(III) The testing method is considered scientifically valid for identification of a genetically-linked heritable disease; and

(IV) After history, physical examination, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain.

B. Genetic testing for the breast cancer susceptibility gene (BRCA) when family history is present;

22. Hair analysis. Chemical hair analysis is covered for the diagnosis of suspected chronic arsenic poisoning. Other purposes are considered experimental and investigational;

23. Hair prostheses. Prostheses and expenses for scalp hair prostheses worn for hair loss are covered for alopecia areata or alopecia totalis for children eighteen (18) years of age or younger. The annual maximum is two hundred dollars (\$200), and the lifetime maximum is three thousand two hundred dollars (\$3,200);

24. Hearing aids (per ear). Hearing aids covered for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss, and mixed hearing loss.

A. Prior to receiving a hearing aid members must receive—

(I) A medical exam by a physician or other qualified provider to identify any medically treatable conditions that may affect hearing; and

(II) A comprehensive hearing test to assess the need for hearing aids conducted by a certified audiologist, hearing instrument specialist, or other provider licensed or certified to administer this test.

B. Covered once every two (2) years. If the cost of one (1) hearing aid exceeds the amount listed below, member is also responsible for charges over that amount.

(I) Conventional: one thousand dollars (\$1,000).

(II) Programmable: two thousand dollars (\$2,000).

(III) Digital: two thousand five hundred dollars (\$2,500).

(IV) Bone Anchoring Hearing Aid (BAHA): three thousand five hundred dollars (\$3,500);

25. Hearing testing. One (1) hearing test per year. Additional hearing tests are covered if recommended by provider;

26. Home health care. Skilled home health nursing care is covered for members who are homebound because of injury or illness (i.e., the member leaves home only with considerable and taxing effort, and absences from home are infrequent or of short duration, or to receive medical care). Services must be performed by a registered nurse or licensed practical nurse, licensed therapist, or a registered dietitian. Covered services include:

A. Home visits instead of visits to the provider's office that do not exceed the usual and customary charge to perform the same service in a provider's office;

B. Intermittent nurse services. Benefits are paid for only one (1) nurse at any one (1) time, not to exceed four (4) hours per twenty-four- (24-) hour period;

C. Nutrition counseling provided by or under the supervision of a registered dietitian;

D. Physical, occupational, respiratory, and speech therapy provided by or under the supervision of a licensed therapist;

E. Medical supplies, drugs, or medication prescribed by provider, and laboratory services to the extent that the plan would have covered them under this plan if the covered person had been in a hospital;

F. A home health care visit is defined as—

(I) A visit by a nurse providing intermittent nurse services (each visit includes up to a four- (4-) hour consecutive visit in a twenty-four- (24-) hour period if clinical eligibility for coverage is met) or a single visit by a therapist or a registered dietitian; and

G. Benefits cannot be provided for any of the following:

(I) Homemaker or housekeeping services;

(II) Supportive environment materials such as handrails, ramps, air conditioners, and telephones;

(III) Services performed by family members or volunteer

workers;

(IV) "Meals on Wheels" or similar food service;

(V) Separate charges for records, reports, or transportation;

(VI) Expenses for the normal necessities of living such as food, clothing, and household supplies; and

(VII) Legal and financial counseling services, unless otherwise covered under this plan;

27. Hospice care and palliative services (inpatient or outpatient). Includes bereavement and respite care. Hospice care services, including pre-hospice evaluation or consultation, are covered when the individual is terminally ill and expected to live six (6) months or less, potentially curative treatment for the terminal illness is not part of the prescribed plan of care, the individual or appointed designee has formally consented to hospice care (i.e., care directed mostly toward palliative care and symptom management), and the hospice services are provided by a certified/accredited hospice agency with care available twenty-four (24) hours per day, seven (7) days per week.

A. When the above criteria are met, the following hospice care services are covered:

(I) Assessment of the medical and social needs of the terminally ill person, and a description of the care to meet those needs;

(II) Inpatient care in a facility when needed for pain control and other acute and chronic symptom management, psychological and dietary counseling, physical or occupational therapy, and part-time home health care services;

(III) Outpatient care for other services as related to the terminal illness, which include services of a physician, physical or occupational therapy, and nutrition counseling provided by or under the supervision of a registered dietitian; and

(IV) Bereavement counseling benefits which are received by a member's close relative when directly connected to the member's death and bundled with other hospice charges. The services must be furnished within twelve (12) months of death;

28. Hospital (includes inpatient, outpatient, and surgical centers).

A. The following benefits are covered:

(I) Semi-private room and board. For network charges, this rate is based on network repricing. For non-network charges, any charge over a semi-private room charge will be a covered expense only when clinical eligibility for coverage is met. If the hospital has no semi-private rooms, the plan will allow the private room rate subject to usual, customary, and reasonable charges or the network rate, whichever is applicable;

(II) Intensive care unit room and board;

(III) Surgery, therapies, and ancillary services including, but not limited to:

(a) Cornea transplant;

(b) Coverage for breast reconstruction surgery or prostheses following mastectomy and lumpectomy is available to both females and males. A diagnosis of breast cancer is not required for breast reconstruction services to be covered, and the timing of reconstructive services is not a factor in coverage;

(c) Sterilization for the purpose of birth control is covered;

(d) Cosmetic/reconstructive surgery is covered to repair a functional disorder caused by disease or injury;

(e) Cosmetic/reconstructive surgery is covered to repair a congenital defect or abnormality for a member younger than nineteen (19) years; and

(f) Blood, blood plasma, and plasma expanders are covered, when not available without charge;

(IV) Inpatient mental health services are covered when authorized by a physician for treatment of a mental health disorder. Inpatient mental health services are covered, subject to all of the following:

(a) Member must be ill in more than one (1) area of

daily living to such an extent that s/he is rendered dysfunctional and requires the intensity of an inpatient setting for treatment. Without such inpatient treatment, the member's condition would deteriorate;

(b) The member's mental health disorder must be treatable in an inpatient facility;

(c) The member's mental health disorder must meet diagnostic criteria as described in the most recent edition of the *American Psychiatric Association Diagnostic and Statistical Manual (DSM)*. If outside of the United States, the member's mental health disorder must meet diagnostic criteria established and commonly recognized by the medical community in that region;

(d) The attending provider must be a psychiatrist. If the admitting provider is not a psychiatrist, a psychiatrist must be attending to the member within twenty-four (24) hours of admittance. Such psychiatrist must be United States board-eligible or board-certified. If outside of the United States, inpatient services must be provided by an individual who has received a diploma from a medical school recognized by the government agency in the country where the medical school is located. The attending provider must meet the requirements, if any, set out by the foreign government or regionally-recognized licensing body for treatment of mental health disorders;

(e) Day treatment (partial hospitalization) for mental health services means a day treatment program that offers intensive, multidisciplinary services provided on less than a full-time basis. The program is designed to treat patients with serious mental or nervous disorders and offers major diagnostic, psychosocial, and prevocational modalities. Such programs must be a less-restrictive alternative to inpatient treatment; and

(f) Mental health services received in a residential treatment facility that is licensed by the state in which it operates and provides treatment for mental health disorders is covered. This does not include services provided at a group home. If outside of the United States, the residential treatment facility must be licensed or approved by the foreign government or an accreditation or licensing body working in that foreign country; and

(V) Outpatient mental health services are covered if the member is at a therapeutic medical or mental health facility and treatment includes measurable goals and continued progress toward functional behavior and termination of treatment. Continued coverage may be denied when positive response to treatment is not evident. Treatment must be provided by one (1) of the following:

(a) A United States board-eligible or board-certified psychiatrist licensed in the state where the treatment is provided;

(b) A therapist with a doctorate or master's degree that denotes a specialty in psychiatry (Psy.D.);

(c) A state-licensed psychologist;

(d) A state-licensed or certified social worker practicing within the scope of his or her license or certification; or

(e) Licensed professional counselor;

29. Infusions are covered when received through a network provider. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit;

30. Injections. See preventive services for coverage of vaccinations. See contraception and sterilization for coverage of birth control injections. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit.

A. B12 injections are covered for the following conditions:

- (I) Pernicious anemia;
- (II) Crohn's disease;
- (III) Ulcerative colitis;
- (IV) Inflammatory bowel disease;
- (V) Intestinal malabsorption;
- (VI) Fish tapeworm anemia;
- (VII) Vitamin B12 deficiency;

- (VIII) Other vitamin B12 deficiency anemia;
- (IX) Macrocytic anemia;
- (X) Other specified megaloblastic anemias;
- (XI) Megaloblastic anemia;
- (XII) Malnutrition of alcoholism;
- (XIII) Thrombocytopenia, unspecified;
- (XIV) Dementia in conditions classified elsewhere;
- (XV) Polyneuropathy in diseases classified elsewhere;
- (XVI) Alcoholic polyneuropathy;
- (XVII) Regional enteritis of small intestine;
- (XVIII) Postgastric surgery syndromes;
- (XIX) Other prophylactic chemo-therapy;
- (XX) Intestinal bypass or anastomosis status;
- (XXI) Acquired absence of stomach;
- (XXII) Pancreatic insufficiency; and
- (XXIII) Ideopathic progressive polyneuropathy;

31. Lab, X-ray, and other diagnostic procedures. Outpatient diagnostic services are covered when tests or procedures are performed for a specific symptom and to detect or monitor a condition. Professional charges for automated lab services performed by an out-of-network provider are not covered;

32. Maternity coverage. Prenatal and postnatal care is covered. Routine prenatal office visits and screenings recommended by the Health Resources and Services Administration are covered at one hundred percent (100%). Other care is subject to the deductible and coinsurance. Newborns and their mothers are allowed hospital stays of at least forty-eight (48) hours after vaginal birth and ninety-six (96) hours after cesarean section birth. If discharge occurs earlier than specific time periods, the plan shall provide coverage for post discharge care that shall consist of a two- (2-) visit minimum, at least one (1) in the home;

33. Nutritional counseling. Individualized nutritional evaluation and counseling for the management of any medical condition for which appropriate diet and eating habits are essential to the overall treatment program is covered when ordered by a physician or physician extender and provided by a licensed health-care professional (e.g., a registered dietitian);

34. Nutrition therapy.

A. Nutrition therapy is covered only when the following criteria are met:

- (I) Nutrition therapy is the sole source of nutrients or a significant percentage of the daily caloric intake;
- (II) Nutrition therapy is used in the treatment of, or in association with, a demonstrable disease, condition, or disorder;
- (III) Nutrition therapy is necessary to sustain life or health;
- (IV) Nutrition therapy is prescribed by a provider; and
- (V) Nutrition therapy is managed, monitored, and evaluated on an on-going basis, by a provider.

B. Only the following types of nutrition therapy are covered:

(I) Enteral Nutrition (EN). EN is the provision of nutritional requirements via the gastrointestinal tract. EN can be taken orally or through a tube into the stomach or small intestine;

(II) Parenteral Nutrition Therapy (PN) and Total Parenteral Nutrition (TPN). PN is liquid nutrition administered through a vein to provide part of daily nutritional requirements. TPN is a type of PN that provides all daily nutrient needs. PN or TPN are covered when the member's nutritional status cannot be adequately maintained on oral or enteral feedings;

(III) Intradialytic Parenteral Nutrition (IDPN). IDPN is a type of PN that is administered to members on chronic hemodialysis during dialysis sessions to provide most nutrient needs. IDPN is covered when the member is on chronic hemodialysis and nutritional status cannot be adequately maintained on oral or enteral feedings;

35. Office visit. Member encounter with a provider for health care, mental health, or substance use disorder in an office, clinic, or ambulatory care facility is covered based on the service, procedure, or related treatment plan;

36. Oral surgery is covered for injury, tumors, or cysts. Oral

surgery includes, but is not limited to, reduction of fractures and dislocation of the jaws; external incision and drainage of cellulites; incision of accessory sinuses, salivary glands, or ducts; excision of exostosis of jaws and hard palate; and frenectomy. Treatment must be initiated within sixty (60) days of accident. No coverage for dental care, including oral surgery, as a result of poor dental hygiene. Extractions of bony or partial bony impactions are excluded;

37. Orthognathic or Jaw Surgery. Orthognathic or jaw surgery is covered when one (1) of the following conditions is documented and diagnosed:

- A. Acute traumatic injury, and post-surgical sequela;
- B. Cancerous or non-cancerous tumors and cysts, cancer, and post-surgical sequela;
- C. Cleft lip/palate (for cleft lip/palate related jaw surgery); or
- D. Physical or physiological abnormality when one (1) of the following criteria is met:

(I) Anteroposterior Discrepancies—

- (a) Maxillary/Mandibular incisor relationship: over jet of 5mm or more, or a 0 to a negative value (norm 2mm);
- (b) Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm); or
- (c) These values represent two (2) or more standard deviation from published norms;

(II) Vertical Discrepancies—

- (a) Presence of a vertical facial skeletal deformity which is two (2) or more standard deviations from published norms for accepted skeletal landmarks;
- (b) Open bite with no vertical overlap of anterior teeth or unilateral or bilateral posterior open bite greater than 2mm;
- (c) Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch; or
- (d) Supraeruption of a dentoalveolar segment due to lack of occlusion;

(III) Transverse Discrepancies—

- (a) Presence of a transverse skeletal discrepancy which is two (2) or more standard deviations from published norms; or
- (b) Total bilateral maxillary palatal cusp to mandibular-fossa discrepancy of 4mm or greater, or a unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth; or

(IV) Asymmetries—

- (a) Anteroposterior, transverse, or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry;
- (V) Masticatory (chewing) and swallowing dysfunction due to malocclusion (e.g., inability to incise or chew solid foods, choking on incompletely masticated solid foods, damage to soft tissue during mastication, malnutrition);
- (VI) Speech impairment; or
- (VII) Obstructive sleep apnea or airway dysfunction;

38. Orthotics.

A. Ankle-Foot Orthosis (AFO) and Knee-Ankle-Foot Orthosis (KAFO).

(I) Basic coverage criteria for AFO and KAFO used during ambulation are as follows:

(a) AFO is covered when used in ambulation for members with weakness or deformity of the foot and ankle, which require stabilization for medical reasons, and have the potential to benefit functionally;

(b) KAFO is covered when used in ambulation for members when the following criteria are met:

- I. Member is covered for AFO; and
- II. Additional knee stability is required; and

(c) AFO and KAFO that are molded-to-patient-model, or custom-fabricated, are covered when used in ambulation, only when the basic coverage criteria and one (1) of the following criteria are met:

- I. The member could not be fitted with a prefabricated

AFO;

II. AFO or KAFO is expected to be permanent or for more than six (6) months duration;

III. Knee, ankle, or foot must be controlled in more

than one (1) plane;

IV. There is documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or

V. The member has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

(II) AFO and KAFO Not Used During Ambulation.

(a) AFO and KAFO not used in ambulation are covered if the following criteria are met:

I. Passive range of motion test was measured with goniometer and documented in the medical record;

II. Documentation of an appropriate stretching program administered under the care of provider or caregiver;

III. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least ten degrees (10°) (i.e., a non-fixed contracture);

IV. Reasonable expectation of the ability to correct the contracture;

V. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and

VI. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons; or

VII. Member has plantar fasciitis.

(b) Replacement interface for AFO or KAFO is covered only if member continues to meet coverage criteria and is limited to a maximum of one (1) per six (6) months.

B. Cast Boot, Post-Operative Sandal or Shoe, or Healing Shoe. A cast boot, post-operative sandal or shoe, or healing shoe is covered for one (1) of the following indications:

(I) To protect a cast from damage during weight-bearing activities following injury or surgery;

(II) To provide appropriate support and/or weight-bearing surface to a foot following surgery;

(III) To promote good wound care and/or healing via appropriate weight distribution and foot protection; or

(IV) When the patient is currently receiving treatment for lymphedema and the foot cannot be fitted into conventional footwear.

C. Cranial Orthoses. Cranial orthosis is covered for Synostotic and Non-Synostotic Plagiocephaly. Plagiocephaly is an asymmetrically shaped head. Synostotic Plagiocephaly is due to premature closure of cranial sutures. Non-Synostotic Plagiocephaly is from positioning or deformation of the head. Cranial orthosis is the use of a special helmet or band on the head which aids in molding the shape of the cranium to normal. Initial reimbursement shall cover any subsequent revisions.

D. Elastic Supports. Elastic supports are covered when prescribed for one (1) of the following indications:

(I) Severe or incapacitating vascular problems, such as acute thrombophlebitis, massive venous stasis, or pulmonary embolism;

(II) Venous insufficiency;

(III) Varicose veins;

(IV) Edema of lower extremities;

(V) Edema during pregnancy; or

(VI) Lymphedema.

E. Footwear Incorporated Into a Brace for Members with Skeletally Mature Feet. Footwear incorporated into a brace must be billed by the same supplier billing for the brace. The following types of footwear incorporated into a brace are covered:

(I) Orthopedic footwear;

(II) Other footwear such as high top, depth inlay, or custom;

(III) Heel replacements, sole replacements, and shoe transfers involving shoes on a brace;

(IV) Inserts for a shoe that is an integral part of a brace and are required for the proper functioning of the brace; or

(V) Other shoe modifications if they are on a shoe that is an integral part of a brace and are required for the proper functioning of the brace.

F. Foot Orthoses. Custom, removable foot orthoses are covered for members who meet the following criteria:

(I) Member with skeletally mature feet who has any of the following conditions:

(a) Acute plantar fasciitis;

(b) Acute sport-related injuries with diagnoses related to inflammatory problems such as bursitis or tendonitis;

(c) Calcaneal bursitis (acute or chronic);

(d) Calcaneal spurs (heel spurs);

(e) Conditions related to diabetes;

(f) Inflammatory conditions (e.g., sesamoiditis, submetatarsal bursitis, synovitis, tenosynovitis, synovial cyst, osteomyelitis, and plantar fascial fibromatosis);

(g) Medial osteoarthritis of the knee;

(h) Musculoskeletal/arthropathic deformities including deformities of the joint or skeleton that impairs walking in a normal shoe (e.g., bunions, hallux valgus, talipes deformities, pes deformities, or anomalies of toes);

(i) Neurologically impaired feet including neuroma, tarsal tunnel syndrome, ganglionic cyst;

(j) Neuropathies involving the feet, including those associated with peripheral vascular disease, diabetes, carcinoma, drugs, toxins, and chronic renal disease; or

(k) Vascular conditions including ulceration, poor circulation, peripheral vascular disease, Buerger's disease (thromboangiitis obliterans), and chronic thrombophlebitis;

(II) Member with skeletally immature feet who has any of the following conditions:

(a) Hallux valgus deformities;

(b) In-toe or out-toe gait;

(c) Musculoskeletal weakness such as pronation or pes planus;

(d) Structural deformities such as tarsal coalitions; or

(e) Torsional conditions such as metatarsus adductus, tibial torsion, or femoral torsion.

G. Helmets. Helmets are covered when cranial protection is required due to a documented medical condition that makes the member susceptible to injury during activities of daily living.

H. Hip Orthosis. Hip orthosis is covered for one (1) of the following indications:

(I) To reduce pain by restricting mobility of the hip;

(II) To facilitate healing following an injury to the hip or related soft tissues;

(III) To facilitate healing following a surgical procedure of the hip or related soft tissue; or

(IV) To otherwise support weak hip muscles or a hip deformity.

I. Knee Orthosis. Knee orthosis is covered for one (1) of the following indications:

(I) To reduce pain by restricting mobility of the knee;

(II) To facilitate healing following an injury to the knee or related soft tissues;

(III) To facilitate healing following a surgical procedure on the knee or related soft tissue; or

(IV) To otherwise support weak knee muscles or a knee deformity.

J. Orthopedic Footwear for Diabetic Members.

(I) Orthopedic footwear, therapeutic shoes, inserts, or modifications to therapeutic shoes are covered for diabetic members if any following criteria are met:

(a) Previous amputation of the other foot or part of either foot;

(b) History of previous foot ulceration of either foot;

(c) History of pre-ulcerative calluses of either foot;

(d) Peripheral neuropathy with evidence of callus formation of either foot;

(e) Foot deformity of either foot; or

(f) Poor circulation in either foot.

(II) Coverage is limited to one (1) of the following within one (1) year:

(a) One (1) pair of custom molded shoes (which includes inserts provided with these shoes) and two (2) additional pairs of inserts;

(b) One (1) pair of depth shoes and three (3) pairs of inserts (not including the non-customized removable inserts provided with such shoes); or

(c) Up to three (3) pairs of inserts not dispensed with diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed.

K. Orthotic-Related Supplies. Orthotic-related supplies are covered when necessary for the function of the covered orthotic device.

L. Spinal Orthoses. A thoracic-lumbar-sacral orthosis, lumbar orthosis, lumbar-sacral orthosis, and cervical orthosis are covered for the following indications:

(I) To reduce pain by restricting mobility of the trunk;

(II) To facilitate healing following an injury to the spine or related soft tissues;

(III) To facilitate healing following a surgical procedure of the spine or related soft tissue; or

(IV) To otherwise support weak spinal muscles or a deformed spine.

M. Trusses. Trusses are covered when a hernia is reducible with the application of a truss.

N. Upper Limb Orthosis. Upper limb orthosis is covered for the following indications:

(I) To reduce pain by restricting mobility of the joint(s);

(II) To facilitate healing following an injury to the joint(s) or related soft tissues; or

(III) To facilitate healing following a surgical procedure of the joint(s) or related soft tissue.

O. Orthotic Device Replacement. When repairing an item that is no longer cost-effective and is out of warranty, the plan will consider replacing the item subject to review of medical necessity and life expectancy of the device;

39. Preventive services.

A. Services recommended by the U.S. Preventive Services Task Force (categories A and B).

B. Vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

C. Preventive care and screenings for infants, children, and adolescents supported by the Health Resources and Services Administration.

D. Preventive care and screenings for women supported by the Health Resources and Services Administration.

E. Preventive exams and other services ordered as part of the exam. For benefits to be covered as preventive, they must be coded by the provider as routine, without indication of an injury or illness.

F. Cancer screenings. One (1) per calendar year. Additional screenings beyond one (1) per calendar year covered as diagnostic unless otherwise specified—

(I) Mammograms—no age limit. Standard two-dimensional (2D) breast mammography and breast tomosynthesis (three-dimensional (3D) mammography);

(II) Pap smears—no age limit;

(III) Prostate—no age limit; and

(IV) Colorectal screening—no age limit.

G. Online weight management program offered through the plan's exclusive provider arrangement;

40. Prostheses (prosthetic devices). Basic equipment that meets

medical needs. Repair and replacement is covered due to normal wear and tear, if there is a change in medical condition, or if growth-related;

41. Pulmonary rehabilitation. Comprehensive, individualized, goal-directed outpatient pulmonary rehabilitation covered for pre- and post-operative intervention for lung transplantation and lung volume reduction surgery (LVRS) or when all of the following apply:

A. Member has a reduction of exercise tolerance that restricts the ability to perform activities of daily living (ADL) or work;

B. Member has chronic pulmonary disease (including asthma, emphysema, chronic bronchitis, chronic airflow obstruction, cystic fibrosis, alpha-1 antitrypsin deficiency, pneumoconiosis, asbestosis, radiation pneumonitis, pulmonary fibrosis, pulmonary alveolar proteinosis, pulmonary hemosiderosis, fibrosing alveolitis), or other conditions that affect pulmonary function such as ankylosing spondylitis, scoliosis, myasthenia gravis, muscular dystrophy, Guillain-Barré syndrome, or other infective polyneuritis, sarcoidosis, paralysis of diaphragm, or bronchopulmonary dysplasia; and

C. Member has a moderate to moderately severe functional pulmonary disability, as evidenced by either of the following, and does not have any concomitant medical condition that would otherwise imminently contribute to deterioration of pulmonary status or undermine the expected benefits of the program (e.g., symptomatic coronary artery disease, congestive heart failure, myocardial infarction within the last six (6) months, dysrhythmia, active joint disease, claudication, malignancy):

(I) A maximal pulmonary exercise stress test under optimal bronchodilatory treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake (VO_2 max) equal to or less than twenty milliliters per kilogram per minute (20 mL/kg/min), or about five (5) metabolic equivalents (METS); or

(II) Pulmonary function tests showing that either the Forced Expiratory Volume in One Second (FEV1), Forced Vital Capacity (FVC), FEV1/FVC, or Diffusing Capacity of the Lung for Carbon Monoxide (DLCO) is less than sixty percent (60%) of that predicted;

42. Skilled Nursing Facility. Skilled nursing facility services are covered up to one hundred twenty (120) days per calendar year;

43. Telehealth Services. Telehealth services are covered for the diagnosis, consultation, or treatment of a member on the same basis that the service would be covered when it is delivered in person;

44. Therapy. Physical, occupational, and speech therapy are covered when prescribed by a provider and subject to the provisions below:

A. Physical therapy.

(I) Physical therapy must meet the following criteria:

(a) The program is designed to improve lost or impaired physical function or reduce pain resulting from illness, injury, congenital defect, or surgery;

(b) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(c) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

B. Occupational therapy must meet the following criteria:

(I) The program is designed to improve or compensate for lost or impaired physical functions, particularly those affecting activities of daily living, resulting from illness, injury, congenital defect, or surgery;

(II) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(III) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

C. Speech therapy.

(I) All of the following criteria must be met for coverage of speech therapy:

(a) The therapy requires one-to-one intervention and supervision of a speech-language pathologist;

(b) The therapy plan includes specific tests and measures

that will be used to document significant progress every two (2) weeks;

(c) Meaningful improvement is expected;

(d) The therapy includes a transition from one-to-one supervision to a self- or caregiver-provided maintenance program upon discharge; and

(e) One (1) of the following:

I. Member has severe impairment of speech-language; and an evaluation has been completed by a certified speech-language pathologist that includes age-appropriate standardized tests to measure the extent of the impairment, performance deviation, and language and pragmatic skill assessment levels; or

II. Member has a significant voice disorder that is the result of anatomic abnormality, neurological condition, or injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, post-operative vocal cord surgery);

45. Transplants. Stem cell, kidney, liver, heart, lung, pancreas, small bowel, or any combination are covered. Includes services related to organ procurement and donor expenses if not covered under another plan. Member must contact medical plan for arrangements.

A. Network includes travel and lodging allowance for the transplant recipient and an immediate family travel companion when the transplant facility is more than fifty (50) miles from the recipient's residence. If the recipient is younger than age nineteen (19) years, travel and lodging is covered for both parents. The transplant recipient must be with the travel companion or parent(s) for the travel companion's or parent(s)' travel expense to be reimbursable. Combined travel and lodging expenses are limited to a ten thousand dollar (\$10,000) maximum per transplant.

(I) Lodging—maximum lodging expenses shall not exceed the per diem rates as established annually by U.S. General Services Administration (GSA) for a specific city or county. Go to www.gsa.gov for per diem rates.

(II) Travel—IRS standard medical mileage rates (same as flexible spending account (FSA) reimbursement).

(III) Meals—not covered.

B. Non-network. Charges above the maximum for services rendered at a non-network facility are the member's responsibility and do not apply to the member's deductible or out-of-pocket maximum. Travel, lodging, and meals are not covered;

46. Urgent care. Member encounter with a provider for urgent care is covered based on the service, procedure, or related treatment plan; and

47. Vision. One (1) routine exam and refraction is covered per calendar year.

Title 22—MISSOURI CONSOLIDATED

HEALTH CARE PLAN

Division 10—Health Care Plan

Chapter 3—Public Entity Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

22 CSR 10-3.058 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3594-3595). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed rule.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend subsection (5)(D).

22 CSR 10-3.058 PPO 750 Plan Benefit Provisions and Covered Charges

(5) The following services are not subject to deductible, coinsurance, or copayment requirements and will be paid at one hundred percent (100%) when provided by a network provider:

- (D) Four (4) Diabetes Self-Management Education visits.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

22 CSR 10-3.059 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3595–3597). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed rule.

COMMENT #1: Ron Fitzwater with the Missouri Pharmacy Association suggested amending the requirements for diabetes self-management education to recognize the standards published by the American Association of Diabetes Educators (AADE).

RESPONSE AND EXPLANATION OF CHANGE: As a result of this comment, MCHCP will amend subsection (5)(D).

22 CSR 10-3.059 PPO 1250 Plan Benefit Provisions and Covered Charges

(5) The following services are not subject to deductible, coinsurance, or copayment requirements and will be paid at one hundred percent (100%) when provided by a network provider:

- (D) Four (4) Diabetes Self-Management Education visits.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director rescinds a rule as follows:

22 CSR 10-3.060 PPO 600 Plan, PPO 1000 Plan, and Health Savings Account Plan Limitations is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3597). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director adopts a rule as follows:

22 CSR 10-3.061 Plan Limitations is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3597–3598). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-3.080 Miscellaneous Provisions is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3598–3599). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-3.090 Pharmacy Benefit Summary is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 3, 2018 (43 MoReg 3599-3601). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Consolidated Health Care Plan received one (1) comment on the proposed amendment.

COMMENT #1: MCHCP staff commented that, under (1)(A)1.F.(III)(a), the copayment for up to a ninety- (90-) day supply for a generic drug on the formulary should be twenty-five dollars (\$25).

RESPONSE AND EXPLANATION OF CHANGE: Based on this comment MCHCP has amended (1)(A)1.F.(III)(a) to reflect the correct copayment of twenty-five dollar (\$25) for up to a ninety- (90-) day supply for a generic drug on the formulary.

(1) The pharmacy benefit provides coverage for prescription drugs. Vitamin and nutrient coverage is limited to prenatal agents, therapeutic agents for specific deficiencies and conditions, and hematopoietic agents as prescribed by a provider.

(A) PPO 750 Plan and PPO 1250 Plan Prescription Drug Coverage.

1. Network.

A. Preferred formulary generic drug copayment: Ten Dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and thirty dollars (\$30) for up to a ninety- (90-) day supply for a generic drug on the formulary; formulary generic birth control and tobacco cessation prescriptions covered at one hundred percent (100%).

B. Preferred formulary brand drug copayment: Forty dollars (\$40) for up to a thirty-one- (31-) day supply; eighty dollars (\$80) for up to a sixty- (60-) day supply; and one hundred twenty dollars (\$120) for up to a ninety- (90-) day supply for a brand drug on the formulary; formulary brand birth control and tobacco cessation prescriptions covered at one hundred percent (100%).

C. Non-preferred formulary drug and approved excluded drug copayment: One hundred dollars (\$100) for up to a thirty-one- (31-) day supply; two hundred dollars (\$200) for up to a sixty- (60-) day supply; and three hundred dollars (\$300) for up to a ninety- (90-) day supply for a drug not on the formulary.

D. Specialty drug (as designated as such by the PBM) copayment: Seventy-five dollars (\$75) for up to a thirty-one- (31-) day supply for a specialty drug on the formulary;

E. Diabetic drug (as designated as such by the PBM) copayment: Fifty percent (50%) of the applicable network copayment.

F. Home delivery programs.

(I) Maintenance prescriptions may be filled through the pharmacy benefit manager's (PBM's) home delivery program. A member must choose how maintenance prescription(s) will be filled by notifying the PBM of his/her decision to fill a maintenance prescription through home delivery or retail pharmacy.

(a) If the member chooses to fill his/her maintenance prescription at a retail pharmacy and the member does not notify the PBM of his/her decision, the first two (2) maintenance prescription orders may be filled by the retail pharmacy. After the first two (2) orders are filled at the retail pharmacy, the member must notify the PBM of his/her decision to continue to fill the maintenance prescription at the retail pharmacy. If a member does not make a decision after the first two (2) orders are filled at the retail pharmacy, s/he will be charged the full discounted cost of the drug until the PBM has been notified of the decision and the amount charged will not apply to the out-of-pocket maximum.

(b) Once a member makes his/her delivery decision, the member can modify the decision by contacting the PBM.

(II) Specialty drugs are covered only through the specialty home delivery network for up to a thirty-one- (31-) day supply unless

the PBM has determined that the specialty drug is eligible for up to a ninety- (90-) day supply. All specialty prescriptions must be filled through the PBM's specialty pharmacy, unless the prescription is identified by the PBM as emergent. The first fill of a specialty prescription may be filled through a retail pharmacy.

(a) Specialty split-fill program—The specialty split-fill program applies to select specialty drugs as determined by the PBM. For the first three (3) months, members will be shipped a fifteen-(15-) day supply with a prorated copayment. If the member is able to continue with the medication, the remaining supply will be shipped with the remaining portion of the copayment. Starting with the fourth month, an up to thirty-one- (31-) day supply will be shipped if the member continues on treatment.

(III) Prescriptions filled through home delivery programs have the following copayments:

(a) Preferred formulary generic drug copayments: Ten dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and twenty-five dollars (\$25) for up to a ninety- (90-) day supply for a generic drug on the formulary;

(b) Preferred formulary brand drug copayments: Forty dollars (\$40) for up to a thirty-one- (31-) day supply; eighty dollars (\$80) for up to a sixty- (60-) day supply; and one hundred dollars (\$100) for up to a ninety- (90-) day supply for a brand drug on the formulary;

(c) Non-preferred formulary drug and approved excluded drug copayments: One hundred dollars (\$100) for up to a thirty-one- (31-) day supply; two hundred dollars (\$200) for up to a sixty- (60-) day supply; and two hundred fifty dollars (\$250) for up to a ninety- (90-) day supply for a drug not on the formulary.

(d) Specialty drug (as designated as such by the PBM) copayment: Seventy-five dollars (\$75) for up to a thirty-one- (31-) day supply for a specialty drug on the formulary;

G. Diabetic drug (as designated as such by the PBM) copayment: Fifty percent (50%) of the applicable network copayment.

H. Only one (1) copayment is charged if a combination of different manufactured dosage amounts must be dispensed in order to fill a prescribed single dosage amount.

I. The copayment for a compound drug is based on the primary drug in the compound. The primary drug in a compound is the most expensive prescription drug in the mix. If any ingredient in the compound is excluded by the plan, the compound will be denied.

J. If the copayment amount is more than the cost of the drug, the member is only responsible for the cost of the drug.

K. If the physician allows for generic substitution and the member chooses a brand-name drug, the member is responsible for the generic copayment and the cost difference between the brand-name and generic drug which shall not apply to the out-of-pocket maximum.

L. Preferred select brand drugs, as determined by the PBM: Ten dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and twenty-five dollars (\$25) for up to a ninety- (90-) day supply;

M. Prescription drugs and prescribed over-the-counter drugs as recommended by the U.S. Preventive Services Task Force (categories A and B) and, for women, by the Health Resources and Services Administration are covered at one hundred percent (100%) when filled at a network pharmacy. The following are also covered at one hundred percent (100%) when filled at a network pharmacy:

(I) Vaccine recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

(II) Generic Tamoxifen, generic Raloxifene, and brand Soltamox for prevention of breast cancer;

(III) Prescribed preferred diabetic test strips and lancets; and

(IV) One (1) preferred glucometer.

2. Non-network: If a member chooses to use a non-network

pharmacy for non-specialty prescriptions, s/he will be required to pay the full cost of the prescription and then file a claim with the PBM. The PBM will reimburse the cost of the drug based on the network discounted amount as determined by the PBM, less the applicable network copayment.

3. Out-of-pocket maximum.

A. Network and non-network out-of-pocket maximums are separate.

B. The family out-of-pocket maximum is an aggregate of applicable charges received by all covered family members of the plan. Any combination of covered family member applicable charges may be used to meet the family out-of-pocket maximum. Applicable charges received by one (1) family member may only meet the individual out-of-pocket maximum amount.

C. Network individual—four thousand one hundred fifty dollars (\$4,150).

D. Network family—eight thousand three hundred dollars (\$8,300).

E. Non-network—no maximum.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES**
**Division 60—Missouri Health Facilities Review
Committee**
Chapter 50—Certificate of Need Program

**NOTIFICATION OF REVIEW:
APPLICATION REVIEW SCHEDULE**

The Missouri Health Facilities Review Committee has initiated review of the CON applications listed below. A decision is tentatively scheduled for April 22, 2019. These applications are available for public inspection at the address shown below.

Date Filed

Project Number: Project Name
City (County)
Cost, Description

03/07/2019

#5678 RT: Sunshine Villa Homes LLC
Scott City (Scott County)
\$3,000, LTC bed expansion of 4 ALF beds

03/11/2019

#5683 HT: Barnes-Jewish West County Hospital
St. Louis (St. Louis County)
\$2,327,954, Replace MRI

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by April 12, 2019. All written requests and comments should be sent to—

Chairman
Missouri Health Facilities Review Committee
c/o Certificate of Need Program
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65102
For additional information contact Alison Dorge at
alison.dorge@health.mo.gov.

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2016, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to adrules.dissolutions@sos.mo.gov.

**NOTICE OF DISSOLUTION
TO ALL CREDITORS OF
AND CLAIMANTS AGAINST
MVM KNWF FUND, INC.**

MVM KNWF FUND, INC., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State on January 30, 2019. Any and all claims against MVM KNWF FUND, INC. may be sent to Jonathan Goldstein, Advantage Capital, 190 Carondelet Plaza, Suite 1500, St. Louis, MO 63105. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis of the claim and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against MVM KNWF FUND, INC. will be barred unless a proceeding to enforce such claim is commenced within two (2) years after the date of this notice is published.

**NOTICE OF DISSOLUTION
TO ALL CREDITORS OF
AND CLAIMANTS AGAINST
MVM PINE TRAILS FUND, INC.**

MVM PINE TRAILS FUND, INC., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State on January 30, 2019. Any and all claims against MVM PINE TRAILS FUND, INC. may be sent to Jonathan Goldstein, Advantage Capital, 190 Carondelet Plaza, Suite 1500, St. Louis, MO 63105. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis of the claim and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against MVM PINE TRAILS FUND, INC. will be barred unless a proceeding to enforce such claim is commenced within two (2) years after the date of this notice is published.

**NOTICE OF WINDING UP OF
LIMITED LIABILITY COMPANY TO ALL
CREDITORS OF AND CLAIMANTS AGAINST
1825 PENNSYLVANIA, LLC**

On February 25, 2019, 1825 Pennsylvania, LLC, a Missouri Limited Liability Company, filed its Notice of Winding Up for a Limited Liability Company with the Missouri Secretary of State.

Any and all claims against 1825 Pennsylvania, LLC may be sent to Richard A. Epstein, P.O. Box 410291, Creve Coeur, Mo. 63141. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis for the claim; and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against 1825 Pennsylvania, LLC will be barred unless a proceeding to enforce such claim is commenced within three (3) years after the date this notice is published.

**NOTICE OF DISSOLUTION
TO ALL CREDITORS OF
AND CLAIMANTS AGAINST
MVM FOX RIVER II FUND, INC.**

MVM FOX RIVER II FUND, INC., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State on January 30, 2019. Any and all claims against MVM FOX RIVER II FUND, INC. may be sent to Jonathan Goldstein, Advantage Capital, 190 Carondelet Plaza, Suite 1500, St. Louis, MO 63105. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis of the claim and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against MVM FOX RIVER II FUND, INC. will be barred unless a proceeding to enforce such claim is commenced within two (2) years after the date of this notice is published.

**NOTICE OF DISSOLUTION
TO ALL CREDITORS OF
AND CLAIMANTS AGAINST
MVM CHEROKEE SPRINGS FUND, INC.**

MVM CHEROKEE SPRINGS FUND, INC., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State on January 30, 2019. Any and all claims against MVM CHEROKEE SPRINGS FUND, INC. may be sent to Jonathan Goldstein, Advantage Capital, 190 Carondelet Plaza, Suite 1500, St. Louis, MO 63105. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis of the claim and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against MVM CHEROKEE SPRINGS FUND, INC. will be barred unless a proceeding to enforce such claim is commenced within two (2) years after the date of this notice is published.

Notice of Winding Up of Limited Liability Company to all Creditors of and Claimants Against Ferngate Pharmaceuticals LLC

On August 28, 2018, Ferngate Pharmaceuticals LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up for a limited liability company with the Missouri Secretary of State.

Any claim against the Company must be sent to James Schleiffarth, 75 W. Lockwood Avenue, Suite 1, St. Louis, MO 63119. Each claim must include: (1) the name, address, and telephone number of the claimant; (2) amount and nature of the claim; (3) date on which the claim arose; (4) basis of the claim and (5) any documentation supporting the claim.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the date of the publication of this notice.

**NOTICE OF CORPORATE DISSOLUTION TO ALL CREDITORS OF AND
CLAIMANTS AGAINST D&D FUNTIME, INC.**

On February 26, 2019, D&D Funtime, Inc., a Missouri corporation (the Corporation) filed its Articles of Dissolution with the Missouri Secretary of State. Dissolution was effective on February 26, 2019. All claims against the corporation should be directed to the corporation at:

c/o Kevin C. Roberts, Esq.
Roberts, Wooten and Zimmer, L.L.C.
P.o. Box 888
Hillsboro, Missouri 63050

All claims must include:

1. The name and address of the claimant;
2. The amount claimed;
3. The basis of the claim; and,
4. Document of the claim.

All claims against D&D Funtime, Inc. will be barred unless a proceeding to enforce the claim is commenced within two years after the publication of this Notice.

**NOTICE OF DISSOLUTION
TO ALL CREDITORS OF AND CLAIMANTS AGAINST
BETTER ROOFING MATERIALS COMPANY**

On July 12, 2018, Better Roofing Materials Company, a Missouri Corporation (hereinafter the "Corporation"), filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State.

All claims against the Corporation should be submitted in writing to: Richard A. Epstein, Box 410291, Creve Coeur, Mo. 63141. Each claim must include (1) the name, address and telephone number of the claimant; (2) the amount of the claim; (3) the date on which the claim arose; (4) a brief description of the basis of the claim; and (5) any documentation relating to the claim.

All claims against Better Roofing Materials Company will be barred unless a proceeding to enforce the claim is commenced within two (2) years after publication of this notice.

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—43 (2018) and 44 (2019). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
OFFICE OF ADMINISTRATION					
1 CSR 10	State Officials' Salary Compensation Schedule				42 MoReg 1849 43 MoReg 3648
1 CSR 10-3.010	Commissioner of Administration		43 MoReg 3205	This Issue	
1 CSR 10-4.010	Commissioner of Administration		43 MoReg 3208R	This IssueR	
1 CSR 10-5.010	Commissioner of Administration		43 MoReg 3208		
1 CSR 10-7.010	Commissioner of Administration		43 MoReg 3209	This Issue	
1 CSR 10-8.010	Commissioner of Administration		43 MoReg 3210	This Issue	
1 CSR 10-9.010	Commissioner of Administration		43 MoReg 3210R	This IssueR	
1 CSR 10-10.010	Commissioner of Administration		44 MoReg 673R		
1 CSR 10-11.010	Commissioner of Administration		43 MoReg 3211	This Issue	
1 CSR 10-11.020	Commissioner of Administration		43 MoReg 3214R	This IssueR	
1 CSR 10-11.030	Commissioner of Administration		43 MoReg 3214R	This IssueR	
1 CSR 10-13.010	Commissioner of Administration		43 MoReg 3214R	This IssueR	
1 CSR 10-16.010	Commissioner of Administration		43 MoReg 3215	This Issue	
1 CSR 20-5.010	Personnel Advisory Board and Division of Personnel		44 MoReg 673		
1 CSR 20-5.015	Personnel Advisory Board and Division of Personnel		44 MoReg 675R		
1 CSR 20-5.020	Personnel Advisory Board and Division of Personnel		44 MoReg 675		
1 CSR 20-5.025	Personnel Advisory Board and Division of Personnel		44 MoReg 676		
1 CSR 30-2.020	Division of Facilities Management, Design and Construction		43 MoReg 2813R	44 MoReg 846R	
1 CSR 30-2.030	Division of Facilities Management, Design and Construction		43 MoReg 2813R	44 MoReg 846R	
1 CSR 30-2.040	Division of Facilities Management, Design and Construction		43 MoReg 2813R	44 MoReg 846R	
1 CSR 30-2.050	Division of Facilities Management, Design and Construction		43 MoReg 2814R	44 MoReg 846R	
1 CSR 30-3.010	Division of Facilities Management, Design and Construction		43 MoReg 2814R	44 MoReg 847R	
1 CSR 30-3.020	Division of Facilities Management, Design and Construction		43 MoReg 2814R	44 MoReg 847R	
1 CSR 30-3.025	Division of Facilities Management, Design and Construction		44 MoReg 38		
1 CSR 30-3.030	Division of Facilities Management, Design and Construction		43 MoReg 3215		
1 CSR 30-3.035	Division of Facilities Management, Design and Construction		43 MoReg 2814R	44 MoReg 847R	
1 CSR 30-3.040	Division of Facilities Management, Design and Construction		43 MoReg 3218		
1 CSR 30-3.050	Division of Facilities Management, Design and Construction		43 MoReg 3221		
1 CSR 30-3.060	Division of Facilities Management, Design and Construction		44 MoReg 45R		
1 CSR 30-4.010	Division of Facilities Management, Design and Construction		43 MoReg 2815R	44 MoReg 847R	
1 CSR 30-4.020	Division of Facilities Management, Design and Construction		44 MoReg 45		
1 CSR 30-4.030	Division of Facilities Management, Design and Construction		44 MoReg 49R		
1 CSR 30-4.040	Division of Facilities Management, Design and Construction		44 MoReg 49R		
1 CSR 35-1.050	Division of Facilities Management		43 MoReg 3222		
1 CSR 35-2.010	Division of Facilities Management		44 MoReg 50R		
1 CSR 35-2.020	Division of Facilities Management		44 MoReg 50R		
1 CSR 35-2.030	Division of Facilities Management		44 MoReg 50		
1 CSR 35-2.040	Division of Facilities Management		44 MoReg 52R		
1 CSR 35-2.050	Division of Facilities Management		44 MoReg 52R		
1 CSR 40-1.010	Purchasing and Materials Management		43 MoReg 3226R	44 MoReg 847R	
1 CSR 40-1.030	Purchasing and Materials Management		43 MoReg 3227R	44 MoReg 847R	
1 CSR 40-1.040	Purchasing and Materials Management		43 MoReg 3227R	44 MoReg 848R	
1 CSR 40-1.050	Purchasing and Materials Management	43 MoReg 2967	43 MoReg 3227	44 MoReg 848	
1 CSR 40-1.090	Purchasing and Materials Management		43 MoReg 3237R	44 MoReg 848R	
DEPARTMENT OF AGRICULTURE					
2 CSR 70-17.010	Plant Industries		44 MoReg 52		
2 CSR 70-17.020	Plant Industries		44 MoReg 53		
2 CSR 70-17.030	Plant Industries		44 MoReg 57		
2 CSR 70-17.040	Plant Industries		44 MoReg 59		
2 CSR 70-17.050	Plant Industries		44 MoReg 59		
2 CSR 70-17.060	Plant Industries		44 MoReg 60		
2 CSR 70-17.070	Plant Industries		44 MoReg 62		
2 CSR 70-17.080	Plant Industries		44 MoReg 65		
2 CSR 70-17.090	Plant Industries		44 MoReg 65		
2 CSR 70-17.100	Plant Industries		44 MoReg 68		
2 CSR 70-17.110	Plant Industries		44 MoReg 70		
2 CSR 70-17.120	Plant Industries		44 MoReg 71		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
2 CSR 80-5.010	State Milk Board		This Issue		
2 CSR 90-10	Weights, Measures and Consumer Protection				42 MoReg 1203
2 CSR 90-38.010	Weights, Measures and Consumer Protection		43 MoReg 2012R		
2 CSR 90-38.020	Weights, Measures and Consumer Protection		43 MoReg 2012R		
2 CSR 90-38.030	Weights, Measures and Consumer Protection		43 MoReg 2012R		
2 CSR 90-38.040	Weights, Measures and Consumer Protection		43 MoReg 2013R		
2 CSR 90-38.050	Weights, Measures and Consumer Protection		43 MoReg 2013R		
DEPARTMENT OF CONSERVATION					
3 CSR 10-6.505	Conservation Commission	N.A.		44 MoReg 958	
3 CSR 10-6.515	Conservation Commission	N.A.		44 MoReg 958	
3 CSR 10-7.455	Conservation Commission				44 MoReg 445
3 CSR 10-9.110	Conservation Commission		This Issue		
3 CSR 10-9.220	Conservation Commission		44 MoReg 273		
3 CSR 10-10.743	Conservation Commission		This Issue		
3 CSR 10-11.115	Conservation Commission		This Issue		
3 CSR 10-11.205	Conservation Commission	N.A.		This Issue	
3 CSR 10-11.210	Conservation Commission	N.A.		This Issue	
3 CSR 10-12.140	Conservation Commission	N.A.		This Issue	
DEPARTMENT OF ECONOMIC DEVELOPMENT					
4 CSR 80-1.010	Economic Development Programs		43 MoReg 3059R	This IssueR	
4 CSR 80-2.010	Economic Development Programs		43 MoReg 3059R	This IssueR	
4 CSR 80-2.020	Economic Development Programs		43 MoReg 3059R	This IssueR	
4 CSR 80-2.030	Economic Development Programs		43 MoReg 3060R	This IssueR	
4 CSR 80-5.010	Economic Development Programs		43 MoReg 3060	This Issue	
4 CSR 80-5.020	Economic Development Programs		43 MoReg 3061R	This IssueR	
4 CSR 80-7.010	Economic Development Programs		43 MoReg 3061R	This IssueR	
4 CSR 80-7.020	Economic Development Programs		43 MoReg 3061R	This IssueR	
4 CSR 80-7.030	Economic Development Programs		43 MoReg 3061R	This IssueR	
4 CSR 80-7.040	Economic Development Programs		43 MoReg 3062R	This IssueR	
4 CSR 85-2.010	Division of Business and Community Services		43 MoReg 3062	This Issue	
4 CSR 85-2.015	Division of Business and Community Services		43 MoReg 3062R	This IssueR	
4 CSR 85-2.020	Division of Business and Community Services		43 MoReg 3063	This Issue	
4 CSR 85-2.030	Division of Business and Community Services		43 MoReg 3064	This Issue	
4 CSR 85-2.040	Division of Business and Community Services		43 MoReg 3065R	This IssueR	
4 CSR 85-6.010	Division of Business and Community Services		43 MoReg 3065R	This IssueR	
4 CSR 85-7.010	Division of Business and Community Services		43 MoReg 3065R	This IssueR	
4 CSR 195-1.010	Division of Workforce Development		43 MoReg 3066	This Issue	
4 CSR 195-2.010	Division of Workforce Development		43 MoReg 3066R	This IssueR	
4 CSR 195-2.020	Division of Workforce Development		43 MoReg 3066R	This IssueR	
4 CSR 195-2.030	Division of Workforce Development		43 MoReg 3067R	This IssueR	
4 CSR 195-3.010	Division of Workforce Development		43 MoReg 3067R	This IssueR	
4 CSR 195-3.020	Division of Workforce Development		43 MoReg 3067R	This IssueR	
4 CSR 195-4.010	Division of Workforce Development		43 MoReg 3067R	This IssueR	
4 CSR 195-5.010	Division of Workforce Development		43 MoReg 3068R	This IssueR	
4 CSR 195-5.020	Division of Workforce Development		43 MoReg 3068R	This IssueR	
4 CSR 195-5.030	Division of Workforce Development		43 MoReg 3068R	This IssueR	
4 CSR 240-2.010	Public Service Commission		43 MoReg 3762		
4 CSR 240-2.070	Public Service Commission		43 MoReg 3762		
4 CSR 240-2.120	Public Service Commission		43 MoReg 3763		
4 CSR 240-2.205	Public Service Commission		43 MoReg 3763		
4 CSR 240-3.010	Public Service Commission		43 MoReg 3764		
4 CSR 240-3.015	Public Service Commission		43 MoReg 3764R		
4 CSR 240-3.020	Public Service Commission		43 MoReg 3764R		
4 CSR 240-3.025	Public Service Commission		43 MoReg 3765R		
4 CSR 240-3.030	Public Service Commission		43 MoReg 3765		
4 CSR 240-3.145	Public Service Commission		43 MoReg 3766R		
4 CSR 240-3.180	Public Service Commission		43 MoReg 3766R		
4 CSR 240-3.185	Public Service Commission		43 MoReg 3766R		
4 CSR 240-3.235	Public Service Commission		44 MoReg 71R		
4 CSR 240-3.250	Public Service Commission		43 MoReg 3767R		
4 CSR 240-3.260	Public Service Commission		44 MoReg 71R		
4 CSR 240-3.275	Public Service Commission		44 MoReg 72R		
4 CSR 240-10.020	Public Service Commission		43 MoReg 3767		
4 CSR 240-10.040	Public Service Commission		43 MoReg 3768		
4 CSR 240-13.010	Public Service Commission		43 MoReg 3768		
4 CSR 240-13.015	Public Service Commission		43 MoReg 3769		
4 CSR 240-13.020	Public Service Commission		43 MoReg 3769		
4 CSR 240-13.025	Public Service Commission		43 MoReg 3770		
4 CSR 240-13.030	Public Service Commission		43 MoReg 3770		
4 CSR 240-13.050	Public Service Commission		43 MoReg 3770		
4 CSR 240-13.055	Public Service Commission		43 MoReg 3773		
4 CSR 240-13.070	Public Service Commission		43 MoReg 3774		
4 CSR 240-20.070	Public Service Commission		43 MoReg 3774		
4 CSR 240-20.100	Public Service Commission		This Issue		
4 CSR 240-20.105	Public Service Commission		43 MoReg 3776		
4 CSR 240-40.033	Public Service Commission	44 MoReg 493	44 MoReg 500		
4 CSR 240-40.085	Public Service Commission		44 MoReg 72		
4 CSR 240-40.090	Public Service Commission		44 MoReg 73		
4 CSR 340-2	Division of Energy				43 MoReg 15 43 MoReg 3869
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION					
5 CSR 20-100.120	Division of Learning Services		43 MoReg 3779R		
5 CSR 20-100.160	Division of Learning Services		43 MoReg 3068	This Issue	
5 CSR 20-100.190	Division of Learning Services		43 MoReg 3780		
5 CSR 20-100.200	Division of Learning Services		43 MoReg 3070	This Issue	
5 CSR 20-100.230	Division of Learning Services		44 MoReg 678		
5 CSR 20-100.260	Division of Learning Services		44 MoReg 74		
5 CSR 20-100.300	Division of Learning Services (Changed from 5 CSR 20-600.120)				43 MoReg 3651

Rule Number	Agency	Emergency	Proposed	Order	In Addition
5 CSR 20-100.310	Division of Learning Services <i>(Changed from 5 CSR 20-600.130)</i>				43 MoReg 3651
5 CSR 20-100.320	Division of Learning Services <i>(Changed from 5 CSR 20-600.140)</i>				43 MoReg 3651
5 CSR 20-100.330	Division of Learning Services <i>(Changed from 5 CSR 20-600.110)</i>		44 MoReg 79		
5 CSR 20-400.250	Division of Learning Services		44 MoReg 774R		
5 CSR 20-400.280	Division of Learning Services		44 MoReg 774R		
5 CSR 20-400.540	Division of Learning Services		44 MoReg 679		
5 CSR 20-500.110	Division of Learning Services		43 MoReg 3780R		
5 CSR 20-600.110	Division of Learning Services <i>(Changed to 5 CSR 20-100.330)</i>		44 MoReg 79		
5 CSR 20-600.120	Division of Learning Services <i>(Changed to 5 CSR 20-100.300)</i>				43 MoReg 3651
5 CSR 20-600.130	Division of Learning Services <i>(Changed to 5 CSR 20-100.310)</i>				43 MoReg 3651
5 CSR 20-600.140	Division of Learning Services <i>(Changed to 5 CSR 20-100.320)</i>				43 MoReg 3651
5 CSR 30-261.010	Division of Financial and Administrative Services		44 MoReg 79		
5 CSR 30-345.030	Division of Financial and Administrative Services		43 MoReg 3071	This Issue	

DEPARTMENT OF HIGHER EDUCATION

6 CSR 10-2.080	Commissioner of Higher Education	44 MoReg 774	
6 CSR 10-2.100	Commissioner of Higher Education	44 MoReg 775	
6 CSR 10-2.120	Commissioner of Higher Education	44 MoReg 775	
6 CSR 10-2.140	Commissioner of Higher Education	44 MoReg 776	
6 CSR 10-2.150	Commissioner of Higher Education	44 MoReg 776	
6 CSR 10-2.160	Commissioner of Higher Education	44 MoReg 777	
6 CSR 10-2.170	Commissioner of Higher Education	44 MoReg 777	
6 CSR 10-2.180	Commissioner of Higher Education	44 MoReg 777	
6 CSR 10-2.190	Commissioner of Higher Education	44 MoReg 778	
6 CSR 10-4.010	Commissioner of Higher Education	43 MoReg 123	
		43 MoReg 3474	This Issue

MISSOURI DEPARTMENT OF TRANSPORTATION

7 CSR	Department of Transportation		41 MoReg 845
7 CSR 10-4.020	Missouri Highways and Transportation Commission	44 MoReg 274	
7 CSR 10-19.010	Missouri Highways and Transportation Commission	42 MoReg 93R	

DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

8 CSR	Department of Labor and Industrial Relations		41 MoReg 845
8 CSR 30-3.010	Division of Labor Standards	44 MoReg 5	44 MoReg 81
8 CSR 30-3.030	Division of Labor Standards	44 MoReg 6	44 MoReg 82
8 CSR 30-3.040	Division of Labor Standards	44 MoReg 7	44 MoReg 83
8 CSR 30-3.050	Division of Labor Standards	44 MoReg 7	44 MoReg 83
8 CSR 30-3.060	Division of Labor Standards	44 MoReg 8	44 MoReg 83

DEPARTMENT OF MENTAL HEALTH

9 CSR	Department of Mental Health		41 MoReg 845
9 CSR 10-5.190	Director, Department of Mental Health	44 MoReg 779	
9 CSR 10-5.240	Director, Department of Mental Health <i>(Changed to 9 CSR 10-7.035)</i>	43 MoReg 2975	44 MoReg 704
9 CSR 10-7.010	Director, Department of Mental Health	43 MoReg 3781	
9 CSR 10-7.020	Director, Department of Mental Health	43 MoReg 3786	
9 CSR 10-7.030	Director, Department of Mental Health	43 MoReg 3788	
9 CSR 10-7.035	Director, Department of Mental Health <i>(Changed from 9 CSR 10-5.240)</i>	43 MoReg 2975	44 MoReg 704
9 CSR 10-7.040	Director, Department of Mental Health	43 MoReg 3794	
9 CSR 10-7.050	Director, Department of Mental Health	43 MoReg 3795	
9 CSR 10-7.080	Director, Department of Mental Health	43 MoReg 3796	
9 CSR 10-7.090	Director, Department of Mental Health	43 MoReg 3797	
9 CSR 10-7.100	Director, Department of Mental Health	43 MoReg 3799	
9 CSR 10-7.110	Director, Department of Mental Health	43 MoReg 3800	
9 CSR 10-7.120	Director, Department of Mental Health	43 MoReg 3802	
9 CSR 10-7.130	Director, Department of Mental Health	43 MoReg 3805	
9 CSR 30-3.230	Certification Standards	44 MoReg 781	
9 CSR 45-3.010	Division of Developmental Disabilities	44 MoReg 784	

DEPARTMENT OF NATURAL RESOURCES

10 CSR	Department of Natural Resources		41 MoReg 845
10 CSR 10-2.205	Air Conservation Commission	43 MoReg 2039	44 MoReg 573
10 CSR 10-2.230	Air Conservation Commission	43 MoReg 2042	44 MoReg 574
10 CSR 10-5.220	Air Conservation Commission	43 MoReg 2046	44 MoReg 575
10 CSR 10-5.295	Air Conservation Commission	43 MoReg 2052	44 MoReg 581
10 CSR 10-5.330	Air Conservation Commission	43 MoReg 2055	44 MoReg 581
10 CSR 10-6.045	Air Conservation Commission	43 MoReg 2073	44 MoReg 586
10 CSR 10-6.060	Air Conservation Commission	43 MoReg 2076	44 MoReg 589
10 CSR 10-6.062	Air Conservation Commission	43 MoReg 2101	44 MoReg 600
10 CSR 10-6.065	Air Conservation Commission	43 MoReg 2104	44 MoReg 602
10 CSR 10-6.130	Air Conservation Commission	43 MoReg 1304	
10 CSR 10-6.170	Air Conservation Commission	43 MoReg 2126	44 MoReg 603
10 CSR 10-6.220	Air Conservation Commission	43 MoReg 2127	44 MoReg 604
10 CSR 10-6.261	Air Conservation Commission	43 MoReg 2129	44 MoReg 605
10 CSR 10-6.330	Air Conservation Commission	43 MoReg 2134	44 MoReg 606
10 CSR 10-6.372	Air Conservation Commission	43 MoReg 2137	44 MoReg 607
10 CSR 10-6.374	Air Conservation Commission	43 MoReg 2144	44 MoReg 608
10 CSR 10-6.376	Air Conservation Commission	43 MoReg 2151	44 MoReg 608
10 CSR 10-6.390	Air Conservation Commission	43 MoReg 2158	44 MoReg 609
10 CSR 25-2.010	Hazardous Waste Management Commission	43 MoReg 1759	44 MoReg 609
10 CSR 25-2.020	Hazardous Waste Management Commission	43 MoReg 1759R	44 MoReg 610R

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10 CSR 25-3.260	Hazardous Waste Management Commission		43 MoReg 1759	44 MoReg 610	
10 CSR 25-4.261	Hazardous Waste Management Commission		43 MoReg 1761	44 MoReg 611	
10 CSR 25-5.262	Hazardous Waste Management Commission		43 MoReg 1765	44 MoReg 612	
10 CSR 25-6.263	Hazardous Waste Management Commission		43 MoReg 1767	44 MoReg 614	
10 CSR 25-7.264	Hazardous Waste Management Commission		43 MoReg 1772	44 MoReg 616	
10 CSR 25-7.265	Hazardous Waste Management Commission		43 MoReg 1774	44 MoReg 618	
10 CSR 25-7.266	Hazardous Waste Management Commission		43 MoReg 1777	44 MoReg 618	
10 CSR 25-7.270	Hazardous Waste Management Commission		43 MoReg 1778	44 MoReg 618	
10 CSR 25-8.124	Hazardous Waste Management Commission		43 MoReg 1779	44 MoReg 619	
10 CSR 25-9.020	Hazardous Waste Management Commission		43 MoReg 1787R	44 MoReg 619R	
10 CSR 25-10.010	Hazardous Waste Management Commission		43 MoReg 1790R	44 MoReg 619R	
10 CSR 25-11.279	Hazardous Waste Management Commission		43 MoReg 1790	44 MoReg 619	
10 CSR 25-12.010	Hazardous Waste Management Commission		43 MoReg 1792	44 MoReg 620	
10 CSR 25-13.010	Hazardous Waste Management Commission		43 MoReg 1795	44 MoReg 620	
10 CSR 25-15.010	Hazardous Waste Management Commission		43 MoReg 1798	44 MoReg 620	
10 CSR 25-16.273	Hazardous Waste Management Commission		43 MoReg 1800	44 MoReg 620	
10 CSR 26-2.080	Petroleum and Hazardous Substance Storage Tanks		43 MoReg 2263	44 MoReg 621W	
10 CSR 80-2.010	Solid Waste Management		44 MoReg 501		
10 CSR 130-1.010	State Environmental Improvement and Energy Resources Authority		43 MoReg 3237	44 MoReg 848	
10 CSR 130-1.020	State Environmental Improvement and Energy Resources Authority		43 MoReg 3238	44 MoReg 848	

DEPARTMENT OF PUBLIC SAFETY

11 CSR	Department of Public Safety	42 MoReg 990
11 CSR 10-11.010	Adjutant General	This IssueR
11 CSR 10-11.020	Adjutant General	This IssueR
11 CSR 10-11.040	Adjutant General	This IssueR
11 CSR 10-11.050	Adjutant General	This IssueR
11 CSR 10-11.070	Adjutant General	This IssueR
11 CSR 10-11.090	Adjutant General	This IssueR
11 CSR 10-11.100	Adjutant General	This IssueR
11 CSR 10-11.110	Adjutant General	This IssueR
11 CSR 10-11.120	Adjutant General	This IssueR
11 CSR 30-1.010	Office of the Director	This Issue
11 CSR 30-1.050	Office of the Director	This IssueR
11 CSR 30-8.010	Office of the Director	43 MoReg 1328R
11 CSR 30-8.020	Office of the Director	43 MoReg 1328R
11 CSR 30-8.030	Office of the Director	43 MoReg 1328R
11 CSR 30-8.040	Office of the Director	43 MoReg 1328R
11 CSR 30-9.010	Office of the Director	43 MoReg 1329R
11 CSR 30-9.020	Office of the Director	43 MoReg 1329R
11 CSR 30-9.030	Office of the Director	43 MoReg 1329R
11 CSR 30-9.040	Office of the Director	43 MoReg 1329R
11 CSR 30-9.050	Office of the Director	43 MoReg 1330R
11 CSR 30-10.010	Office of the Director	This IssueR
11 CSR 30-16.010	Office of the Director	42 MoReg 180 This Issue
11 CSR 30-16.020	Office of the Director	42 MoReg 182
11 CSR 45-7.130	Missouri Gaming Commission	43 MoReg 3485
11 CSR 45-9.102	Missouri Gaming Commission	43 MoReg 3486
11 CSR 45-9.106	Missouri Gaming Commission	43 MoReg 3486
11 CSR 45-9.109	Missouri Gaming Commission	43 MoReg 3486
11 CSR 45-9.116	Missouri Gaming Commission	43 MoReg 3487
11 CSR 45-9.117	Missouri Gaming Commission	43 MoReg 3487
11 CSR 45-30.020	Missouri Gaming Commission	43 MoReg 3488R
11 CSR 45-40.030	Missouri Gaming Commission	43 MoReg 3488
11 CSR 50-2.010	Missouri State Highway Patrol	44 MoReg 681
11 CSR 50-2.030	Missouri State Highway Patrol	44 MoReg 682
11 CSR 50-2.100	Missouri State Highway Patrol	44 MoReg 682
11 CSR 50-2.110	Missouri State Highway Patrol	44 MoReg 683
11 CSR 50-2.335	Missouri State Highway Patrol	44 MoReg 683
11 CSR 50-3.010	Missouri State Highway Patrol (Changed from 11 CSR 80-5.010)	44 MoReg 917
11 CSR 50-4.010	Missouri State Highway Patrol (Changed from 11 CSR 80-9.010)	44 MoReg 920
11 CSR 50-5.010	Missouri State Highway Patrol (Changed from 11 CSR 80-2.010)	44 MoReg 915
11 CSR 50-6.010	Missouri State Highway Patrol (Changed from 11 CSR 80-3.010)	44 MoReg 916
11 CSR 50-7.010	Missouri State Highway Patrol (Changed from 11 CSR 80-4.010)	44 MoReg 916
11 CSR 50-7.020	Missouri State Highway Patrol (Changed from 11 CSR 80-7.010)	44 MoReg 920
11 CSR 70-1.010	Division of Alcohol and Tobacco Control	43 MoReg 3240
11 CSR 70-2.010	Division of Alcohol and Tobacco Control	43 MoReg 3241
11 CSR 70-2.020	Division of Alcohol and Tobacco Control	43 MoReg 3242
11 CSR 70-2.030	Division of Alcohol and Tobacco Control	43 MoReg 3244
11 CSR 70-2.040	Division of Alcohol and Tobacco Control	43 MoReg 3245
11 CSR 70-2.050	Division of Alcohol and Tobacco Control	43 MoReg 3246
11 CSR 70-2.060	Division of Alcohol and Tobacco Control	43 MoReg 3247
11 CSR 70-2.070	Division of Alcohol and Tobacco Control	43 MoReg 3248
11 CSR 70-2.080	Division of Alcohol and Tobacco Control	43 MoReg 3248
11 CSR 70-2.090	Division of Alcohol and Tobacco Control	43 MoReg 3249
11 CSR 70-2.100	Division of Alcohol and Tobacco Control	43 MoReg 3249
11 CSR 70-2.120	Division of Alcohol and Tobacco Control	43 MoReg 3250
11 CSR 70-2.130	Division of Alcohol and Tobacco Control	43 MoReg 3252

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11 CSR 70-2.150	Division of Alcohol and Tobacco Control		43 MoReg 3253		
11 CSR 70-2.170	Division of Alcohol and Tobacco Control		43 MoReg 3254		
11 CSR 70-2.180	Division of Alcohol and Tobacco Control		43 MoReg 3255		
11 CSR 70-2.190	Division of Alcohol and Tobacco Control		43 MoReg 3255		
11 CSR 70-2.230	Division of Alcohol and Tobacco Control		43 MoReg 3257		
11 CSR 70-2.240	Division of Alcohol and Tobacco Control	43 MoReg 3199	44 MoReg 787		
11 CSR 70-2.250	Division of Alcohol and Tobacco Control		43 MoReg 3258		
11 CSR 70-2.260	Division of Alcohol and Tobacco Control		43 MoReg 3259		
11 CSR 70-2.270	Division of Alcohol and Tobacco Control		43 MoReg 3259		
11 CSR 70-2.280	Division of Alcohol and Tobacco Control		43 MoReg 3260		
11 CSR 70-3.010	Division of Alcohol and Tobacco Control		43 MoReg 3262		
11 CSR 80-1.010	Missouri State Water Patrol		44 MoReg 915R		
11 CSR 80-2.010	Missouri State Water Patrol <i>(Changed to 11 CSR 50-5.010)</i>		44 MoReg 915		
11 CSR 80-3.010	Missouri State Water Patrol <i>(Changed to 11 CSR 50-6.010)</i>		44 MoReg 916		
11 CSR 80-3.020	Missouri State Water Patrol		44 MoReg 916R		
11 CSR 80-4.010	Missouri State Water Patrol <i>(Changed to 11 CSR 50-7.010)</i>		44 MoReg 916		
11 CSR 80-5.010	Missouri State Water Patrol <i>(Changed to 11 CSR 50-3.010)</i>		44 MoReg 917		
11 CSR 80-6.010	Missouri State Water Patrol		44 MoReg 919R		
11 CSR 80-7.010	Missouri State Water Patrol <i>(Changed to 11 CSR 50-7.020)</i>		44 MoReg 920		
11 CSR 80-8.010	Missouri State Water Patrol		44 MoReg 920R		
11 CSR 80-9.010	Missouri State Water Patrol <i>(Changed to 11 CSR 50-4.010)</i>		44 MoReg 920		
11 CSR 80-9.020	Missouri State Water Patrol		44 MoReg 921R		
DEPARTMENT OF REVENUE					
12 CSR	Department of Revenue				42 MoReg 990
12 CSR 10-2.010	Director of Revenue		43 MoReg 3263	44 MoReg 959	
12 CSR 10-3.017	Director of Revenue <i>(Changed to 12 CSR 10-103.017)</i>		43 MoReg 3266	44 MoReg 959	
12 CSR 10-3.858	Director of Revenue <i>(Changed to 12 CSR 10-110.858)</i>		43 MoReg 3268	44 MoReg 960	
12 CSR 10-3.876	Director of Revenue <i>(Changed to 12 CSR 10-103.876)</i>		43 MoReg 3266	44 MoReg 960	
12 CSR 10-4.320	Director of Revenue <i>(Changed to 12 CSR 10-113.320)</i>		43 MoReg 3268	44 MoReg 960	
12 CSR 10-10.120	Director of Revenue		43 MoReg 3268	44 MoReg 959	
12 CSR 10-23.100	Director of Revenue		43 MoReg 3489	This Issue	
12 CSR 10-23.260	Director of Revenue		43 MoReg 3490	This Issue	
12 CSR 10-23.280	Director of Revenue		43 MoReg 3491	This Issue	
12 CSR 10-23.340	Director of Revenue		43 MoReg 3491	This Issue	
12 CSR 10-23.345	Director of Revenue		43 MoReg 3492	This Issue	
12 CSR 10-23.350	Director of Revenue		43 MoReg 3492	This Issue	
12 CSR 10-23.370	Director of Revenue		43 MoReg 3494	This Issue	
12 CSR 10-23.405	Director of Revenue		43 MoReg 3494	This Issue	
12 CSR 10-23.424	Director of Revenue		43 MoReg 3495	This Issue	
12 CSR 10-24.405	Director of Revenue		44 MoReg 789		
12 CSR 10-26.080	Director of Revenue		43 MoReg 3495	This Issue	
12 CSR 10-26.180	Director of Revenue		43 MoReg 3496	This Issue	
12 CSR 10-26.190	Director of Revenue		43 MoReg 3496	This Issue	
12 CSR 10-41.010	Director of Revenue	43 MoReg 3347	43 MoReg 3497	44 MoReg 959	
12 CSR 10-101.500	Director of Revenue		43 MoReg 3269	44 MoReg 959	
12 CSR 10-103.017	Director of Revenue <i>(Changed from 12 CSR 10-3.017)</i>		43 MoReg 3266	44 MoReg 959	
12 CSR 10-103.395	Director of Revenue		43 MoReg 3270	44 MoReg 959	
12 CSR 10-103.700	Director of Revenue		43 MoReg 3270	44 MoReg 959	
12 CSR 10-103.876	Director of Revenue <i>(Changed from 12 CSR 10-3.876)</i>		43 MoReg 3266	44 MoReg 960	
12 CSR 10-110.858	Director of Revenue <i>(Changed from 12 CSR 10-3.858)</i>		43 MoReg 3268	44 MoReg 960	
12 CSR 10-113.320	Director of Revenue <i>(Changed from 12 CSR 10-4.320)</i>		43 MoReg 3268	44 MoReg 960	
12 CSR 40-10.040	State Lottery		44 MoReg 274		
12 CSR 40-40.280	State Lottery		44 MoReg 275		
12 CSR 40-50.060	State Lottery		44 MoReg 275		
12 CSR 40-70.040	State Lottery		44 MoReg 275		
DEPARTMENT OF SOCIAL SERVICES					
13 CSR	Department of Social Services				42 MoReg 990
13 CSR 5-2.010	Office of the Director <i>(Changed from 13 CSR 45-2.010)</i>		43 MoReg 2654	44 MoReg 704	
13 CSR 10-3.010	Division of Finance and Administrative Services <i>(Changed from 13 CSR 35-100.010)</i>		43 MoReg 2544	44 MoReg 621	
13 CSR 10-3.020	Division of Finance and Administrative Services <i>(Changed from 13 CSR 35-100.020)</i>		43 MoReg 2546	44 MoReg 621	
13 CSR 10-3.030	Division of Finance and Administrative Services <i>(Changed from 13 CSR 35-100.030)</i>		43 MoReg 2549	44 MoReg 622	
13 CSR 10-3.040	Division of Finance and Administrative Services <i>(Changed from 13 CSR 40-79.010)</i>		43 MoReg 2553	44 MoReg 622	
13 CSR 10-3.050	Division of Finance and Administrative Services		43 MoReg 2543	44 MoReg 622	
13 CSR 10-3.060	Division of Finance and Administrative Services		44 MoReg 789		

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13 CSR 10-3.070	Division of Finance and Administrative Services		44 MoReg 791		
13 CSR 15-19.010	Division of Aging		43 MoReg 2853R	44 MoReg 848R	
13 CSR 30-2.010	Child Support Enforcement (Changed to 13 CSR 40-108.040)		43 MoReg 2645	44 MoReg 706	
13 CSR 30-4.020	Child Support Enforcement (Changed to 13 CSR 40-104.010)		43 MoReg 2648	44 MoReg 705	
13 CSR 30-5.010	Child Support Enforcement (Changed to 13 CSR 40-102.010)		43 MoReg 2853	44 MoReg 850	
13 CSR 30-5.020	Child Support Enforcement (Changed to 13 CSR 40-106.010)		43 MoReg 3072	This Issue	
13 CSR 30-6.010	Child Support Enforcement (Changed to 13 CSR 40-104.020)		43 MoReg 3074	This Issue	
13 CSR 30-7.010	Child Support Enforcement (Changed to 13 CSR 40-100.020)		43 MoReg 3075	This Issue	
13 CSR 30-8.010	Child Support Enforcement (Changed to 13 CSR 40-100.030)		43 MoReg 2855	44 MoReg 850	
13 CSR 30-9.010	Child Support Enforcement (Changed to 13 CSR 40-108.030)		43 MoReg 2650	44 MoReg 705	
13 CSR 30-10.010	Child Support Enforcement (Changed to 13 CSR 40-110.040)		43 MoReg 2651	44 MoReg 706	
13 CSR 35-31.015	Children's Division		43 MoReg 2652	44 MoReg 704	
13 CSR 35-34.080	Children's Division		43 MoReg 3502		
13 CSR 35-35.050	Children's Division (Changed from 13 CSR 40-30.010)		43 MoReg 2654	44 MoReg 704	
13 CSR 35-60.030	Children's Division		43 MoReg 3081	This Issue	
13 CSR 35-73.010	Children's Division (Changed from 13 CSR 40-73.010)		43 MoReg 2979	44 MoReg 960	
13 CSR 35-73.012	Children's Division (Changed from 13 CSR 40-73.012)		43 MoReg 2857	44 MoReg 849	
13 CSR 35-73.030	Children's Division (Changed from 13 CSR 40-73.030)		43 MoReg 2858	44 MoReg 849	
13 CSR 35-73.035	Children's Division (Changed from 13 CSR 40-73.035)		43 MoReg 2979	44 MoReg 960	
13 CSR 35-73.040	Children's Division (Changed from 13 CSR 40-73.040)		43 MoReg 2980	44 MoReg 961	
13 CSR 35-73.050	Children's Division (Changed from 13 CSR 40-73.050)		43 MoReg 2980	44 MoReg 961	
13 CSR 35-73.060	Children's Division (Changed from 13 CSR 40-73.060)		43 MoReg 2981	44 MoReg 961	
13 CSR 35-73.070	Children's Division (Changed from 13 CSR 40-73.070)		43 MoReg 2981	44 MoReg 961	
13 CSR 35-73.075	Children's Division (Changed from 13 CSR 40-73.075)		43 MoReg 2981	44 MoReg 961	
13 CSR 35-73.080	Children's Division (Changed from 13 CSR 40-73.080)		43 MoReg 2982	44 MoReg 962	
13 CSR 35-100.010	Children's Division (Changed to 13 CSR 10-3.010)		43 MoReg 2544	44 MoReg 621	
13 CSR 35-100.020	Children's Division (Changed to 13 CSR 10-3.020)		43 MoReg 2546	44 MoReg 621	
13 CSR 35-100.030	Children's Division (Changed to 13 CSR 10-3.030)		43 MoReg 2549	44 MoReg 622	
13 CSR 40-2.010	Family Support Division		43 MoReg 3082	This Issue	
13 CSR 40-2.020	Family Support Division		43 MoReg 3082	This Issue	
13 CSR 40-2.040	Family Support Division		43 MoReg 3082	This Issue	
13 CSR 40-2.050	Family Support Division		43 MoReg 2653	44 MoReg 705	
13 CSR 40-2.090	Family Support Division		43 MoReg 2551R	44 MoReg 622R	
13 CSR 40-2.100	Family Support Division		43 MoReg 2653	44 MoReg 705	
13 CSR 40-2.120	Family Support Division		43 MoReg 3083	This Issue	
13 CSR 40-2.150	Family Support Division		43 MoReg 2551	44 MoReg 622	
13 CSR 40-2.200	Family Support Division		43 MoReg 3084	This Issue	
13 CSR 40-2.260	Family Support Division		43 MoReg 3085	This Issue	
13 CSR 40-2.375	Family Support Division		43 MoReg 2552R	44 MoReg 623R	
13 CSR 40-2.395	Family Support Division		43 MoReg 3086	This Issue	
13 CSR 40-3.020	Family Support Division (Changed to 13 CSR 40-108.020)		43 MoReg 2653	44 MoReg 705	
13 CSR 40-7.010	Family Support Division		43 MoReg 3087	This Issue	
13 CSR 40-7.020	Family Support Division		43 MoReg 2654	44 MoReg 705	
13 CSR 40-7.070	Family Support Division		43 MoReg 2552	44 MoReg 623	
13 CSR 40-30.010	Family Support Division (Changed to 13 CSR 35-35.050)		43 MoReg 2654	44 MoReg 704	
13 CSR 40-32.020	Family Support Division		43 MoReg 2856R	44 MoReg 849R	
13 CSR 40-34.012	Family Support Division		43 MoReg 1917R	43 MoReg 3866R	
13 CSR 40-34.060	Family Support Division		43 MoReg 3089R	This IssueR	
13 CSR 40-36.001	Family Support Division		43 MoReg 2857R	44 MoReg 849R	
13 CSR 40-50.010	Family Support Division		43 MoReg 3089R	This IssueR	
13 CSR 40-73.010	Family Support Division (Changed to 13 CSR 35-73.010)		43 MoReg 2979	44 MoReg 960	
13 CSR 40-73.012	Family Support Division (Changed to 13 CSR 35-73.012)		43 MoReg 2857	44 MoReg 849	
13 CSR 40-73.015	Family Support Division		43 MoReg 2857R	44 MoReg 849R	
13 CSR 40-73.018	Family Support Division		43 MoReg 2858R	44 MoReg 850R	
13 CSR 40-73.030	Family Support Division (Changed to 13 CSR 35-73.030)		43 MoReg 2858	44 MoReg 849	
13 CSR 40-73.035	Family Support Division (Changed to 13 CSR 35-73.035)		43 MoReg 2979	44 MoReg 960	
13 CSR 40-73.040	Family Support Division (Changed to 13 CSR 35-73.040)		43 MoReg 2980	44 MoReg 961	
13 CSR 40-73.050	Family Support Division (Changed to 13 CSR 35-73.050)		43 MoReg 2980	44 MoReg 961	

Rule Changes Since Update

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13 CSR 40-73.060	Family Support Division (Changed to 13 CSR 35-73.060)		43 MoReg 2981	44 MoReg 961	
13 CSR 40-73.070	Family Support Division (Changed to 13 CSR 35-73.070)		43 MoReg 2981	44 MoReg 961	
13 CSR 40-73.075	Family Support Division (Changed to 13 CSR 35-73.075)		43 MoReg 2981	44 MoReg 961	
13 CSR 40-73.080	Family Support Division (Changed to 13 CSR 35-73.080)		43 MoReg 2982	44 MoReg 962	
13 CSR 40-79.010	Family Support Division (Changed to 13 CSR 10-3.040)		43 MoReg 2553	44 MoReg 622	
13 CSR 40-80.010	Family Support Division		43 MoReg 2555R	44 MoReg 623R	
13 CSR 40-91.010	Family Support Division		43 MoReg 3089	This Issue	
13 CSR 40-91.030	Family Support Division		43 MoReg 3092	This Issue	
13 CSR 40-100.020	Family Support Division (Changed from 13 CSR 30-7.010)		43 MoReg 3075	This Issue	
13 CSR 40-100.030	Family Support Division (Changed from 13 CSR 30-8.010)		43 MoReg 2855	44 MoReg 850	
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19-03	Transfers the Division of Workforce Development to the Department of Higher Education	Jan. 17, 2019	44 MoReg 767
19-02	Transfers the Office of Public Counsel and Public Service Commission to the Department of Insurance, Financial Institutions and Professional Registration	Jan. 17, 2019	44 MoReg 765
19-01	Transfers the Division of Energy to the Department of Natural Resources	Jan. 17, 2019	44 MoReg 763

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18-12	Establishes the Missouri 2020 Complete Count Committee	Dec. 18, 2018	44 MoReg 498
18-11	Closes state offices December 24, 2018.	Nov. 30, 2018	43 MoReg 3761
18-10	Establishes that each executive branch adhere to the code of conduct regarding gifts from lobbyist	Nov. 20, 2018	44 MoReg 36
18-09	Closes state offices November 23, 2018.	Nov. 1, 2018	43 MoReg 3204
18-08	Establishes the Missouri Justice Reinvestment Executive Oversight Council.	Oct. 25, 2018	43 MoReg 3472
Proclamation	Governor temporarily reduces line items in the budget.	Oct. 31, 2018	43 MoReg 3416
18-07	Establishes the Bicentennial Commission.	Oct. 12, 2018	43 MoReg 3202
Proclamation	Calls upon the Senators and Representatives to enact legislation requiring the Department of Elementary and Secondary Education to establish a statewide program to be known as the "STEM Career Awareness Program."	Sept. 4, 2018	43 MoReg 2780
18-06	Designates those members of the governor's staff who have supervisory authority over each department, division, or agency of state government.	Aug. 21, 2018	43 MoReg 2778
18-05	Declares a drought alert for 47 Missouri counties and orders the director of the Department of Natural Resources to activate and designate a chairperson for the Drought Assessment Committee	July 18, 2018	43 MoReg 2539
18-04	Extends the deadline from Section 3d of Executive Order 17-03 through September 30, 2018.	June 29, 2018	43 MoReg 1996
18-03	Reauthorizes and restructures the Homeland Security Advisory Council.	April 25, 2018	43 MoReg 1123
18-02	Declares a State of Emergency and activates the state militia in response to severe weather that began on Feb. 23.	Feb. 24, 2018	43 MoReg 664
Proclamation	Governor notifies the General Assembly that he is reducing appropriation lines in the fiscal year 2018 budget.	Feb. 14, 2018	43 MoReg 519
18-01	Rescinds Executive Order 07-21.	Jan. 4, 2018	43 MoReg 251

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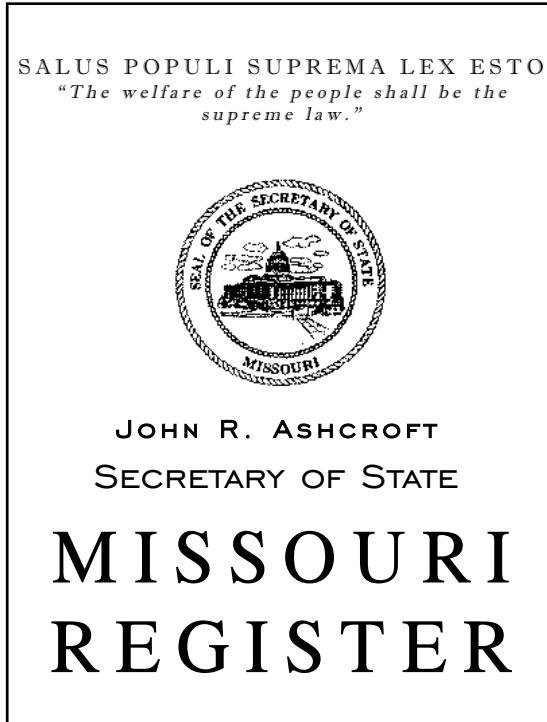
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